

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

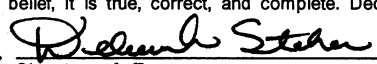
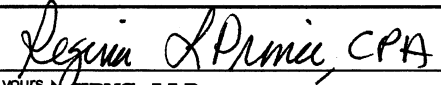
A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAISER FOUNDATION HOSPITALS		D Employer identification number 94-1105628
		Doing Business As		E Telephone number (510) 271-6611
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA, SUITE 15L		G Gross receipts \$ 19353800920.
		City or town, state or country, and ZIP + 4 OAKLAND, CA 94612		
F Name and address of principal officer: GEORGE C. HALVORSON ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1948 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	60,534
	6 Total number of volunteers (estimate if necessary)	6	8,208
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-689,044.
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	89,244,365.	94,067,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12148244036.	14094879594.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,641,712.	67,309,651.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,397,730.	213,383,772.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12854527843.	14469641015.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	84,493,355.	64,726,281.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,643,082,831.	5,413,765,676.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶		NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,757,820,086.	8,018,422,921.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	11485396272.	13496914878.
	20 Total assets (Part X, line 16)	1,369,131,571.	972,726,137.
	21 Total liabilities (Part X, line 26)	Beginning of Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20.	20878470177.	19586670905.
		11907528438.	12446718410.
		8,970,941,739.	7,139,952,495.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date 10-16-2009	
	DEBORAH STOKES Type or print name and title		
	VP, CONTROLLER & CAO		
Paid Preparer's Use Only	Preparer's signature 	Date 10-14-09	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 55 SECOND STREET SAN FRANCISCO, CA 94105	Preparer's identifying number (see instructions) 13-5565207	EIN 13-5565207
		Phone no. 415.963.5100	

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE
THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12753167687. including grants of \$ 60,358,607.) (Revenue \$ 13848787913.)
SEE STATEMENT 1

4b (Code:) (Expenses \$ 125,494,237. including grants of \$ 4,367,674.) (Revenue \$ 15,026,521.)
SEE STATEMENT 1

4c (Code:) (Expenses \$ 406,002,615. including grants of \$ NONE) (Revenue \$ 172,907,866.)
SEE STATEMENT 1

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 3
(Expenses \$ 63,370,136. including grants of \$ NONE) (Revenue \$ 58,157,294.)

4e Total program service expenses ► \$ 13348034675. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	5,046
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	60534
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: SEE SCH. O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	14
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA, CO, DC, GA, HI, MD, OH, OR, VA, WA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► NATIONAL TAX DIRECTOR, ONE KAISER PLAZA, STE 15L, OAKLAND, CA 94612
510.271.6385

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

1b Total	425,588.	55,552,499.	9,144,786.
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2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶	14171
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3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 4		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **1,353**

Part VIII Statement of Revenue**94-1105628**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	63,094,524.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	30,973,474.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			94,067,998.			
Program Service Revenue		Business Code					
	2a HOSPITAL SERV REV	900099	12,477,838,024.	12,477,838,024.			
	b NON-PLAN & IND REV	900099	407,645,390.	407,645,390.			
	c OTHR PRGM SERV REV	900099	1,116,124,451.	1,116,124,451.			
	d MEDICARE PAYMENTS	900099	93,271,729.	93,271,729.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		14,094,879,594.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STMT 5 . .		119,219,552.			119,219,552.
	4 Income from investment of tax-exempt bond proceeds . . .			NONE			
	5 Royalties			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents	2,554,727.					
	b Less: rental expenses						
	c Rental income or (loss)	2,554,727.					
	d Net rental income or (loss)			2,554,727.			2,554,727.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	4,751,104,559.	81,145,445.				
	b Less: cost or other basis and sales expenses	4,873,844,155.	10,315,750.				
	c Gain or (loss)	-122,739,596.	70,829,695.				
	d Net gain or (loss)			-51,909,901.			-51,909,901.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			NONE			
	9a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities			NONE			
	10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue		Business Code					
11a CAFETERIA	722210	16,816,181.			16,816,181.		
b PARKING GARAGES	812930	7,155,016.			7,155,016.		
c KP ONCALL	900099	30,175,582.		3,429,354.	26,746,228.		
d All other revenue	900099	156,682,266.		-4,118,398.	160,800,664.		
e Total. Add lines 11a-11d		210,829,045.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			14,469,641,015.	14,094,879,594.	-689,044.	281,382,467.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	64,726,281.	64,726,281.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	3,908,678,701.	3,847,067,824.	61,610,877.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	246,449,001.	242,564,328.	3,884,673.	
9 Other employee benefits	1,077,225,010.	1,060,245,159.	16,979,851.	
10 Payroll taxes	181,412,964.	178,553,427.	2,859,537.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	428,852.		428,852.	
c Accounting	1,778,425.		1,778,425.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	1,299,837.		1,299,837.	
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	197,146,237.	194,038,703.	3,107,534.	
17 Travel	23,706,394.	23,332,720.	373,674.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	8,606,255.		8,606,255.	
20 Interest	85,800,690.	84,448,249.	1,352,441.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	562,790,296.	553,919,266.	8,871,030.	
23 Insurance	51,867,427.	51,049,862.	817,565.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BASIC CONTRACTUAL PAYMENTS</u>	2,262,632,358.	2,262,632,358.		
b <u>PURCHASED MEDICAL SERVICES</u>	2,081,778,508.	2,081,778,508.		
c <u>SUPPLIES</u>	1,604,473,221.	1,579,182,575.	25,290,646.	
d <u>PURCHASED NON-MEDICAL SVC</u>	607,559,906.	597,983,191.	9,576,715.	
e <u>BAD DEBT EXPENSE</u>	264,769,029.	264,769,029.		
f All other expenses	263,785,486.	261,743,195.	2,042,291.	
25 Total functional expenses. Add lines 1 through 24f	13496914878.	13348034675.	148,880,203.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	51,173,593.	1	25,176,340.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	424,655,617.	4	423,815,814.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net STMT. 6.	8,159,800.	7	8,782,000.
	8 Inventories for sales or use	365,328,313.	8	352,675,678.
	9 Prepaid expenses and deferred charges	92,157,660.	9	84,515,229.
	10a Land, buildings, and equipment: cost basis 10a 19520026677.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 7989253056.	10285819411.	10c	11530773621.
	11 Investments - publicly traded securities STMT. 7.	7,006,936,958.	11	4,978,951,920.
	12 Investments - other securities. See Part IV, line 11	1,731,298,863.	12	1,571,858,353.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets NONE		14	5,400,000.
	15 Other assets. See Part IV, line 11	912,939,962.	15	604,721,950.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20878470177.	16	19586670905.	
Liabilities	17 Accounts payable and accrued expenses	2,523,510,469.	17	2,228,319,707.
	18 Grants payable		18	
	19 Deferred revenue	1,391,047.	19	869,196.
	20 Tax-exempt bond liabilities	4,125,550,404.	20	3,915,736,283.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties STMT. 8.	881,569,654.	23	868,693,014.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	4,375,506,864.	25	5,433,100,210.
	26 Total liabilities. Add lines 17 through 25.	11907528438.	26	12446718410.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	8,379,016.	31	9,082,931.
	32 Retained earnings, endowment, accumulated income, or other funds	8,962,562,723.	32	7,130,869,564.
	33 Total net assets or fund balances	8,970,941,739.	33	7,139,952,495.
34 Total liabilities and net assets/fund balances.	20878470177.	34	19586670905.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization undergo the required audit or audits?	3b	<input checked="" type="checkbox"/>



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IRS USE ONLY

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Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A

Date: September 7, 2009

113911.640888.0373.008 1 AT 0.357 370



Taxpayer Identification Number:
94-1105628

Form: 990

Tax Period: December 31, 2008

RECEIVED
SEP 03 2009

NATIONAL PAYROLL

KAISER FOUNDATION HOSPITALS
2701 NW VAUGHN STREET
PORTLAND OR 97210-5311993



113911

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to November 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**.
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print file by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	KAISER FOUNDATION HOSPITALS	94-1105628
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	ONE KAISER PLAZA, SUITE 15L	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OAKLAND, CA 94612	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

NOTE! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of ☒ NATIONAL TAX DIRECTOR

Telephone No. ☒ 510 271.6385 FAX No. ☒ 510 271.2611

If the organization does not have an office or place of business in the United States, check this box ☐

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is
 or the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a
 statement with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2009.

5 For calendar year 2008, or other tax year beginning and ending .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension THIS ENTITY IS A MEMBER OF A VERTICALLY
INTEGRATED MANAGED HEALTH CARE DELIVERY PROGRAM AND REQUESTS ADDITIONAL
TIME TO VERIFY THAT EACH MEMBER'S TAX RETURN DATA IS COMPLETE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	NONE
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Deborah S. Suter

Title ☒ VP, CONTROLLER, CAO Date ☒ 7-21-2009

Form 8868 (Rev. 4-2008)

8868

v. April 2008)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	KAISER FOUNDATION HOSPITALS		94-1105628
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	ONE KAISER PLAZA, SUITE 15L		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	OAKLAND, CA 94612		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

The books are in the care of ► **NATIONAL TAX DIRECTOR**Telephone No. ► **510 271.6385**FAX No. ► **510 271.2611**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2008** or
► ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

94-1105628

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

0 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

1 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(ii) A family member of a person described in (i) above?

11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----------	--------------------------	-------------------------------------

h Provide the following information about the organizations the organization supports.

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) **14** %
- 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f **15** %
- 16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ☐
- b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>			

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		856,303,952.		856,303,952.
b Buildings		12189650293.	4888021838.	7,301,628,455.
c Leasehold improvements		139,203,942.	101,714,428.	37,489,514.
d Equipment		2044472094.	1557871781.	486,600,313.
e Other		4290396396.	1441645009.	2,848,751,387.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,530,773,621.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

FIN 48 FOOTNOTE**SCHEDULE D, PART X****NOT REQUIRED**

Part XIV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

- To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:		
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense (at cost) 2
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6
- 7 Enter line 5 less line 6 - surplus or (shortfall) 7
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? 9a
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. 9b

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
<u>KAISER PERMANENTE POST ACUTE CARE CENTER</u> <u>1440 168TH AVE</u> <u>SAN LEANDRO</u> CA 94578		X							SKILLED NURSING
<u>KAISER FOUNDATION HOSPITAL - ANTIOCH</u> <u>4501 SAND CREEK RD.</u> <u>ANTIOCH</u> CA 94531	X	X					X		
<u>KAISER FOUNDATION HOSPITAL - FRESNO</u> <u>7300 N. FRESNO ST.</u> <u>FRESNO</u> CA 93720	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - HAYWARD</u> <u>27400 HESPERIAN BLVD.</u> <u>HAYWARD</u> CA 94545	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - FREMONT</u> <u>39400 PASEO PADRE PARKWAY</u> <u>FREMONT</u> CA 94538	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - MANTECA</u> <u>1777 W. YOSEMITE AVE</u> <u>MANTECA</u> CA 95336	X	X					X		
<u>KAISER FOUNDATION HOSPITAL - MODESTO</u> <u>4601 DALE RD.</u> <u>MODESTO</u> CA 95356	X	X					X		
<u>KAISER FOUNDATION HOSPITAL - OAKLAND</u> <u>280 W. MACARTHUR BLVD.</u> <u>OAKLAND</u> CA 94611	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - RICHMOND</u> <u>901 NEVIN ST.</u> <u>RICHMOND</u> CA 94804	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - REDWOOD CITY</u> <u>1150 VETERANS BLVD.</u> <u>REDWOOD CITY</u> CA 94063	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - SACRAMENTO</u> <u>2025 MORSE AVE</u> <u>SACRAMENTO</u> CA 95825	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - ROSEVILLE</u> <u>1600 EUREKA RD.</u> <u>ROSEVILLE</u> CA 95661	X	X		X			X		
<u>KAISER FDN HOSPITAL - SAN FRANCISCO</u> <u>2425 GEARY BLVD.</u> <u>SAN FRANCISCO</u> CA 94115	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - SAN RAFAEL</u> <u>90 MONTECILLO RD.</u> <u>SAN RAFAEL</u> CA 94903	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - SANTA CLARA</u> <u>700 LAWRENCE EXPRESSWAY</u> <u>SANTA CLARA</u> CA 95051	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - SANTA ROSA</u> <u>401 BICENTENNIAL WAY</u> <u>SANTA ROSA</u> CA 95403	X	X		X			X		

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
<u>KAISER FOUNDATION HOSPITAL - SAN JOSE</u> <u>250 HOSPITAL PARKWAY</u> <u>SAN JOSE</u> CA 95119	X	X		X			X		
<u>KAISER FDN HOSPITAL - SOUTH SACRAMENTO</u> <u>6600 BRUCEVILLE RD.</u> <u>SOUTH SACRAMENTO</u> CA 95823	X	X		X			X		
<u>KAISER FDN HOSPITAL - SOUTH SAN FRANCISCO</u> <u>1200 EL CAMINO REAL</u> <u>SOUTH SAN FRANCISCO</u> CA 94080	X	X					X		
<u>KAISER FOUNDATION HOSPITAL - VALLEJO</u> <u>975 SERENO DR.</u> <u>VALLEJO</u> CA 94589	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - WALNUT CREEK</u> <u>1425 S. MAIN ST.</u> <u>WALNUT CREEK</u> CA 94596	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - ANAHEIM</u> <u>441 N. LAKEVIEW AVE.</u> <u>ANAHEIM</u> CA 92807	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - BALDWIN PARK</u> <u>1011 BALDWIN PARK BLVD.</u> <u>BALDWIN PARK</u> CA 91706	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - BELLFLOWER</u> <u>9400 E. ROSECRANS AVE.</u> <u>BELLFLOWER</u> CA 90706	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - FONTANA</u> <u>9961 SIERRA AVE</u> <u>FONTANA</u> CA 92335	X	X		X			X		
<u>KFH PERMANENTE CHEMICAL DEPENDENCY PROG.</u> <u>17046 MARYGOLD AVE</u> <u>FONTANA</u> CA 92335		X		X					
<u>KAISER FOUNDATION HOSPITAL - HARBOR CITY</u> <u>25825 S. VERMONT AVE</u> <u>HARBOR CITY</u> CA 90710	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - CARSON</u> <u>23621 S. MAIN ST.</u> <u>CARSON</u> CA 90745	X			X					
<u>KAISER FOUNDATION HOSPITAL - SUNSET</u> <u>4867 SUNSET BLVD.</u> <u>LOS ANGELES</u> CA 90027	X	X		X			X		
<u>KAISER FDN HOSPITAL - MENTAL HEALTH CTR.</u> <u>765 W. COLLEGE ST.</u> <u>LOS ANGELES</u> CA 90012	X			X					
<u>KAISER FDN HOSPITAL - PANORAMA CITY</u> <u>13652 CANTARA ST.</u> <u>PANORAMA CITY</u> CA 91402	X	X		X			X		
<u>KAISER FOUNDATION HOSPITAL - RIVERSIDE</u> <u>10800 MAGNOLIA AVE</u> <u>RIVERSIDE</u> CA 92505	X	X		X			X		

Schedule H (Form 990) 2008

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

[illegible]

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | | |
|---|--|-------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 2,090 |
| 3 | Enter total number of other organizations | 4 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT THAT DESCRIBES PROGRESS

TOWARD GOALS, IMPACT TO DATE, AS WELL AS A FINANCIAL ACCOUNTING FOR HOW

FUNDS WERE USED.

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>100 BLACK MEN OF THE BAY AREA</u>							
<u>1638 12TH ST OAKLAND, CA 94607</u>	94-3065997	501C(3)	125,000.				CB PROGRAM SUPPORT
<u>50 CORRIDOR TRANSPORTATION MGT ASSOC</u>							
<u>2365 IRON POINT RD # 300 FOLSOM, CA 95630</u>	68-0314535	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>A MORE EXCELLENT WAY HEALTH IMPROV ORG</u>							
<u>215 LIGHTHOUSE DR VALLEJO, CA 94590</u>	14-2011697	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>A PLACE CALLED HOME</u>							
<u>2830 S CENTRAL AVE LOS ANGELES, CA 90011</u>	95-4427291	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>A SAFE PLACE</u>							
<u>PO BOX 23006 OAKLAND, CA 94623</u>	94-2491881	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AAPI</u>							
<u>3160 CAMINO DEL RIO S SAN DIEGO, CA 92054</u>	33-0762521	501C(3)	16,520.				CB PROGRAM SUPPORT
<u>ACACIA ADULT DAY SVCS</u>							
<u>11391 ACACIA PKWY GARDEN GROVE, CA 92840</u>	95-3509323	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ACCELERATED SCHOOL THE</u>							
<u>4000 S MAIN ST LOS ANGELES, CA 90037</u>	95-4487850	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>ACCESS INSTITUTE FOR PSYCHOLOGICAL SVCS</u>							
<u>110 GOUGH ST # 301 SAN FRANCISCO, CA 94102</u>	01-0595862	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>ACCESS TO CARE COLLABORATIVE</u>							
<u>732 MOTT ST # 150 SAN FERNANDO, CA 91340</u>	95-3954057	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ACCESS TO THE FUTURE</u>							
<u>25364 ALESSANDRO BLVD MORENO VLY, CA 92553</u>	33-0540223	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>AFGAN CARE</u>							
<u>22470 FOOTHILL BLVD HAYWARD, CA 94541</u>	94-3132203	501C(3)	9,500.				CB PROGRAM SUPPORT
<u>AFGHAN COALITION</u>							
<u>39155 LIBERTY ST # D460 FREMONT, CA 94538</u>	94-3398311	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>AFGHAN ELDERLY ASSOC AEA</u>							
<u>3300 CAPITOL AVE BLDG B FREMONT, CA 94536</u>	94-3290111	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>AFRICAN AMERICAN HEALTH COALITION</u>							
<u>2800 N VANCOUVER AVE#100 PORTLAND, OR 97227</u>	93-1015277	501C(3)	9,850.				ANNUAL FUNDRAISER

2 Enter total number of Section 501(c)(3) and government organizations **2,090**

3 Enter total number of other organizations **4**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>AID FOR AIDS</u>							
8235 ST MONICA BLVD W HOLLYWOOD, CA 90046	95-3856474	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>AIDS ALLIANCE</u>							
5836 SAN PABLO AVE OAKLAND, CA 94608	68-0094959	501C(3)	35,000.				CB PROGRAM SUPPORT
<u>AIDS NUTRITION SVCS ALLIANCE</u>							
1015 18TH ST NW WASHINGTON, DC 20036	95-4636640	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>AIDS PROJECT LOS ANGELES</u>							
611 S KINGSLEY DR LOS ANGELES, CA 90005	95-3842506	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>AIDS SVCS FDN OF ORANGE COUNTY</u>							
17982 SKYPARK CIRCLE # J IRVINE, CA 92614	33-0126481	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>AIRPORT MARINA COUNSELING SVC</u>							
7891 LA TIJERA BLVD LOS ANGELES, CA 90045	95-2224149	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>AL SHIFA CLINIC</u>							
2034B MALLORY ST SAN BERNARDINO, CA 92407	33-0855769	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>AL SHIFA CLINIC</u>							
2034B MALLORY ST SAN BERNARDINO, CA 92407	33-0855769	501C(3)	15,000.				DENTAL CLINIC
<u>ALAMEDA COUNTY ASSOC COMM ACTION PROG</u>							
24100 AMADOR ST 3RD FLOOR HAYWARD, CA 94544	94-2251759	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>ALAMEDA COUNTY HEALTH CARE SVCS AGENCY</u>							
1000 SAN LEANDRO BLVD SAN LEANDRO, CA 94577	94-6000501	GOVERNMENT	21,200.				CB PROGRAM SUPPORT
<u>ALAMEDA COUNTY MEDICAL CENTER</u>							
1411 E 31ST ST OAKLAND, CA 94602	94-3302014	GOVERNMENT	153,910.				PHASE 2007
<u>ALAMEDA COUNTY MEDICAL CENTER</u>							
1411 E 31ST ST OAKLAND, CA 94602	94-3302014	GOVERNMENT	300,000.				CB PROGRAM SUPPORT
<u>ALAMEDA COUNTY MEDICAL CENTER</u>							
1411 E 31ST ST OAKLAND, CA 94602	94-3302014	GOVERNMENT	81,610.				QI INITIATIVE
<u>ALAMEDA COUNTY OFFICE OF EDUCATION</u>							
313 W WINTON AVE HAYWARD, CA 94544	94-6002421	GOVERNMENT	96,051.				CB PROGRAM SUPPORT
<u>ALAMEDA HEALTH CONSORTIUM</u>							
101 CALLAN AVE # 300 SAN LEANDRO, CA 94577	51-0189590	501C(3)	80,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

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Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>ALBERTINA KERR CENTERS</u>							
424 NE 22ND AVE PORTLAND, OR 97232	93-0386780	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>ALDEA CHILDREN AND FAMILY SVCS</u>							
3299 CLAREMONT WAY NAPA, CA 94558	94-2159248	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>ALEXANDRIA HOUSE</u>							
426 S ALEXANDRIA AVE LOS ANGELES, CA 90020	95-4809755	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ALTAMED HEALTH SVCS CORP</u>							
500 CITADEL DR # 490 LOS ANGELES, CA 90040	95-2810095	501C(3)	5,937.				CB PROGRAM SUPPORT
<u>ALTAMED HEALTH SVCS CORP</u>							
500 CITADEL DR # 490 LOS ANGELES, CA 90040	95-2810095	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS ASSOC OF N CA AND NV</u>							
1060 LA AVENIDA ST MOUNTAIN VIEW, CA 94043	94-2897949	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS ASSOC OF N CA AND NV</u>							
1060 LA AVENIDA ST MOUNTAIN VIEW, CA 94043	94-2897949	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS ASSOC INC SAN RAFAEL</u>							
4340 REDWOOD HWY# D314 SAN RAFAEL, CA 95401	94-2897949	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ALZHEIMERS ASSOC OF ORANGE COUNTY</u>							
17701 COWAN AVE SUITE 220 IRVINE, CA 92614	95-3702013	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS DISEASE & REL DISORDERS ASSOC</u>							
1060 LA AVENIDA ST MOUNTAIN VIEW, CA 94043	94-2897949	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS DISEASE & REL DISORDERS ASSOC</u>							
530 BERCUT DR STR A SACRAMENTO, CA 95811	68-0275289	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ALZHEIMERS SVCS OF THE EAST BAY</u>							
561 A ST HAYWARD, CA 94541	94-3081330	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>AMANECHER COMMUNITY COUNSELING SVC</u>							
1200 WILSHIRE BLVD LOS ANGELES, CA 90017	95-3076578	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>AMROSE RECREATION & PARK DISTRICT</u>							
3105 WILLOW PASS RD BAY POINT, CA 94565	94-1622656	GOVERNMENT	15,000.				CB PROGRAM SUPPORT
<u>AMBULATORY SURGERY ACCESS COALITION</u>							
115 SANSOME ST # 1205 S FRANCISCO, CA 94104	94-3180356	501C(3)	300,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>AMBULATORY SURGERY ACCESS COALITION</u>							
115 SANSOME ST # 1205 S FRANCISCO, CA 94104	94-3180356	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN CANCER SOCIETY SAN FRANCISCO</u>							
201 MISSION ST# 720 SAN FRANCISCO, CA 94105	94-1170350	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>AMERICAN CANCER SOCIETY SAN FRANCISCO</u>							
201 MISSION ST# 720 SAN FRANCISCO, CA 94105	94-1170350	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN CANCER SOCIETY INC</u>							
1765 CHALLENGE WAY 115 SACRAMENTO, CA 95815	94-1170350	501C(3)	11,500.				CB PROGRAM SUPPORT
<u>AMERICAN CANYON FAMILY RESOURCE CTR</u>							
60 BENTON WAY AMERICAN CANYON, CA 94503	36-4612853	501C(3)	7,400.				CB PROGRAM SUPPORT
<u>AMERICAN DIABETES ASSOC</u>							
1900 POWELL ST # 120 EMERYVILLE, CA 94608	13-1623888	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN DIABETES ASSOC</u>							
225 BROADWAY SUITE 1530 SAN DIEGO, CA 92101	13-1623888	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN DIABETES ASSOC SACRAMENTO</u>							
2720 GTWY OAKS DR# 110 SACRAMENTO, CA 95833	13-1623888	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN DIABETES ASSOC OF ORANGE COUNTY</u>							
1570 E WARNER AVE # 207 SANTA ANA, CA 92705	13-1623888	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC</u>							
1710 GILBRETH RD # 100 BURLINGAME, CA 94010	13-5613797	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC</u>							
2007 O ST SACRAMENTO, CA 95816	13-5613797	501C(3)	35,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
120 MONTGOMERY ST # 1650 SF, CA 94104	13-5613797	501C(3)	6,808.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
120 MONTGOMERY ST # 1650 SF, CA 94104	13-5613797	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
426 17TH ST SUITE 300 OAKLAND, CA 94612	13-5613797	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
426 17TH ST SUITE 300 OAKLAND, CA 94612	13-5613797	501C(3)	8,400.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

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2008

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Employer identification number

94-1105628

Kaiser Foundation Hospitals

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>AMERICAN HEART ASSOC INC</u>							
426 17TH ST SUITE 300 OAKLAND, CA 94612	13-5613797	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
426 17TH ST SUITE 300 OAKLAND, CA 94612	13-5613797	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
816 S FIGUEROA ST LOS ANGELES, CA 90017	13-5613797	501C(3)	9,000.				CB PROGRAM SUPPORT
<u>AMERICAN HEART ASSOC INC</u>							
930 S MT VERNON AVE # 600 COLTON, CA 92324	13-5613797	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN INDIAN HEALING CENTER</u>							
12456 E WASHINGTON BLVD WHITTIER, CA 90602	95-4835249	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>AMERICAN LUNG ASSOC</u>							
1570 E 17TH ST SUITE F SANTA ANA, CA 92705	95-1661669	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>AMERICAN LUNG ASSOC</u>							
61 BROADWAY NEW YORK, NY 10006	13-1632524	501C(3)	8,000.				ANNUAL FUNDRAISER
<u>AMERICAN LUNG ASSOC OF CA</u>							
4660 AMERICAN AVE#100 BAKERSFIELD, CA 93309	94-0362650	501C(3)	24,000.				CB PROGRAM SUPPORT
<u>AMERICAN LUNG ASSOC OF CA GREATER BAY AREA</u>							
1900 POWELL ST # 800 EMERYVILLE, CA 94608	94-0362650	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>AMERICAN LUNG ASSOC</u>							
441 MAC KAY DR SAN BERNARDINO, CA 92408	94-0362650	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>AMERICAN NATIONAL RED CROSS</u>							
2002 N FINE AVE FRESNO, CA 93727	94-2240541	501C(3)	30,000.				CPR SATURDAY
<u>AMERICAN PUBLIC HEALTH ASSOC INC</u>							
800 I ST NW WASHINGTON, DC 20001-3710	13-1628688	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>AMERICAN PUBLIC HEALTH ASSOC INC</u>							
800 I ST NW WASHINGTON, DC 20001-3710	13-1628688	501C(3)	100,000.				CONFERENCE SUPPORT
<u>ANAHEIM COMMUNITY FDN</u>							
200 S ANAHEIM BLVD # 433 ANAHEIM, CA 92805	33-0033023	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ANTELOPE VALLEY HEALTH CARE DISTRICT</u>							
1600 W AVE J LANCASTER, CA 93534	95-6005217	501C(3)	15,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>ANTELOPE VALLEY PARTNERS FOR HEALTH</u>							
<u>815 W LANCASTER BLVD LANCASTER, CA 93534</u>	<u>47-0957404</u>	<u>501C(3)</u>	<u>9,480.</u>				<u>ANNUAL FUNDRAISER</u>
<u>ANTELOPE VALLEY PARTNERS FOR HEALTH</u>							
<u>815 W LANCASTER BLVD LANCASTER, CA 93534</u>	<u>47-0957404</u>	<u>501C(3)</u>	<u>80,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>APPLE FAMILYWORKS</u>							
<u>4 JOSEPH COURT L SAN RAFAEL, CA 94903</u>	<u>94-250980</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>AQUATIC FDN OF METRO LA</u>							
<u>1335 E 103 RD ST LOS ANGELES, CA 90002</u>	<u>95-4475825</u>	<u>501C(3)</u>	<u>9,680.</u>				<u>CB PROGRAM SUPPORT</u>
<u>AREA AGENCY ON AGING VALLEJO</u>							
<u>601 SACRAMENTO ST # 1401 VALLEJO, CA 94590</u>	<u>94-2742309</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ARK OF REFUGE INC</u>							
<u>1025 HOWARD ST SAN FRANCISCO, CA 94103</u>	<u>94-3157940</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ARROWHEAD REGIONAL MEDICAL CENTER</u>							
<u>400 N PEPPER AVE COLTON, CA 92324</u>	<u>95-6002748</u>	<u>GOVERNMENT</u>	<u>75,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ARROYO VISTA FAMILY HEALTH FDN</u>							
<u>6000 N FIGUEROA ST LOS ANGELES, CA 90042</u>	<u>95-3514918</u>	<u>501C(3)</u>	<u>40,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ARROYO VISTA FAMILY HEALTH FDN</u>							
<u>6000 N FIGUEROA ST LOS ANGELES, CA 90042</u>	<u>95-3514918</u>	<u>501C(3)</u>	<u>75,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ARTHRITIS ASSOC OF KERN COUNTY</u>							
<u>1800 WESTWIND DR# 500 BAKERSFIELD, CA 93301</u>	<u>95-3669747</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ASIAN & PACIFIC ISLANDER WELLNESS CENTER</u>							
<u>730 POLK ST 4TH FL SAN FRANCISCO, CA 94109</u>	<u>94-3096109</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ASIAN & PACIFIC ISLANDER WELLNESS CENTER IN</u>							
<u>730 POLK ST 4TH FL SAN FRANCISCO, CA 94109</u>	<u>94-3096109</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT</u>							
<u>2400 MOORPARK AVE # 300 SAN JOSE, CA 95128</u>	<u>94-2292491</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT</u>							
<u>2400 MOORPARK AVE # 300 SAN JOSE, CA 95128</u>	<u>94-2292491</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT</u>							
<u>2400 MOORPARK AVE # 300 SAN JOSE, CA 95128</u>	<u>94-2292491</u>	<u>501C(3)</u>	<u>90,000.</u>				<u>QI INITIATIVE</u>

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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KAISER FOUNDATION HOSPITALS

94-1105628

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<u>ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT</u>							
2401 MOORPARK AVE # 300 SAN JOSE, CA 95128	94-2292491	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>ASIAN COMMUNITY CENTER</u>							
7375 PARK CITY DR SACRAMENTO, CA 95831	94-2271380	501C(3)	5,250.				CB PROGRAM SUPPORT
<u>ASIAN COMMUNITY MENTAL HEALTH BOARD</u>							
310 8TH ST SUITE 201 OAKLAND, CA 94607	94-2248390	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ASIAN HEALTH SVCS</u>							
818 WEBSTER ST OAKLAND, CA 94607-4220	94-2235908	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ASIAN HEALTH SVCS</u>							
818 WEBSTER ST OAKLAND, CA 94607-4220	94-2235908	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>ASIAN PACIFIC AMERICAN LEGAL CENTER OF S CA</u>							
1145 WILSHIRE BLVD LOS ANGELES, CA 90017	95-3854152	501C(3)	9,400.				CB PROGRAM SUPPORT
<u>ASIAN PACIFIC WOMENS CENTER</u>							
1145 WILSHIRE BLVD LOS ANGELES, CA 90017	93-1102854	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>ASIAN REHABILITATION SVCS INC</u>							
1701 E WASHINGTON BLVD L ANGELES, CA 90021	51-0173858	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>ASPIRANET</u>							
1611 TELEGRAPH AVE # 1550 OAKLAND, CA 94115	94-2442955	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ASSISTANCE LEAGUE OF REDLANDS</u>							
506 W COLTON AVE REDLANDS, CA 92374	95-2131653	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ASSISTANCE LEAGUE OF SAN BERNARDINO</u>							
580 W 6TH ST SAN BERNARDINO, CA 92410	95-6065105	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>ASSISTANCE LEAGUE OF SOUTHERN CA</u>							
1370 N ST ANDREWS PLACE HOLLYWOOD, CA 90028	95-1641960	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>ASSOC OF ST & TERRITORIAL HEALTH OFFICIALS</u>							
2231 CRYSTAL DR 450 ARLINGTON, VA 22202	35-1044487	501C(3)	17,500.				CONFERENCE SUPPORT
<u>ASTHMA RESOURCE CENTER OF SF</u>							
1390 MARKET ST# 230 SAN FRANCISCO, CA 94102	94-3320216	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>AUNTIE HELENS FLUFF N FOLD</u>							
4028 30TH ST SAN DIEGO, CA 92104	33-0367163	501C(3)	7,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>AURORA DAWN FDN</u>							
<u>11651167 TREAT AVE SAN FRANCISCO, CA 94110</u>	<u>94-3183217</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>AURORA DAWN FDN</u>							
<u>4766 SERRA AVE FREMONT, CA 94538</u>	<u>94-3183217</u>	<u>501C(3)</u>	<u>40,000.</u>				<u>GRUPO FREMONT VIP</u>
<u>AUTISM SOCIETY OF AMERICA</u>							
<u>77564 COUNTY CLUB#228 PALM DESERT, CA 92255</u>	<u>33-0823647</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>AXIS COMMUNITY HEALTH INC</u>							
<u>4361 RAILROAD AVE PLEASANTON, CA 94566</u>	<u>94-2232394</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BALDWIN PARK UNIFIED SCHOOL DISTRICT</u>							
<u>4640 N MAINE AVE BALDWIN PARK, CA 91706</u>	<u>95-6000213</u>	<u>501C(3)</u>	<u>12,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BALDWIN PARK UNIFIED SCHOOL DISTRICT</u>							
<u>4640 N MAINE AVE BALDWIN PARK, CA 91706</u>	<u>95-6000213</u>	<u>501C(3)</u>	<u>12,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BALDWIN PARK UNIFIED SCHOOL DISTRICT</u>							
<u>4640 N MAINE AVE BALDWIN PARK, CA 91706</u>	<u>95-6000213</u>	<u>501C(3)</u>	<u>7,000.</u>				<u>COMMUNITY GARDEN</u>
<u>BAY AREA BICYCLE COALITION</u>							
<u>571 VALLEY ST SAN FRANCISCO, CA 94131</u>	<u>94-3023347</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA BLACK UNITED FUND INC</u>							
<u>1212 BROADWAY SUITE 730 OAKLAND, CA 94612</u>	<u>94-2502958</u>	<u>501C(3)</u>	<u>70,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA COMMUNITY RESOURCES</u>							
<u>171 CARLOS DR SAN RAFAEL, CA 94903</u>	<u>94-2346815</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA COMMUNITY RESOURCES</u>							
<u>3219 PIERCE ST RICHMOND, CA 94804</u>	<u>94-2346815</u>	<u>501C(3)</u>	<u>12,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA CONSORTIUM FOR QUALITY CARE</u>							
<u>1344 BLAKE ST BERKELEY, CA 94602</u>	<u>94-2682560</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA PARTNERSHIP</u>							
<u>1212 BROADWAY 5TH FLOOR OAKLAND, CA 94612</u>	<u>04-3653529</u>	<u>501C(3)</u>	<u>65,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA WOMENS SPORTS INITIATIVE</u>							
<u>1345 NEWHALL ST SAN JOSE, CA 95126</u>	<u>55-0897084</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>BAY AREA WOMENS SPORTS INITIATIVE</u>							
<u>1345 NEWHALL ST SAN JOSE, CA 95126</u>	<u>55-0897084</u>	<u>501C(3)</u>	<u>27,680.</u>				<u>CB PROGRAM SUPPORT</u>

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>BEHAVIORAL HEALTH SVCS INC</u>							
15519 CRENSHAW BLVD GARDENA, CA 90249	95-2838006	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>BEING ALIVE PEOPLE WITH HIV/AIDS ACTION COAL</u>							
7531 ST MONICA BLVD W HOLLYWOOD, CA 90046	95-4137742	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>BEING ALIVE SAN DIEGO</u>							
4070 CENTRE ST SAN DIEGO, CA 92103	33-0439092	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>BENICIA EDUCATION FDN</u>							
123 GILL COURT BENICIA, CA 94510	68-0173278	501C(3)	15,000.				TOOTH MOBILE
<u>BENICIA UNIFIED SCHOOL DISTRICT</u>							
350 EAST K ST BENICIA, CA 94510	30-0385724	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>BIENESTAR HUMAN SVCS INC</u>							
5326 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>BIRNVENIDOS CHILDRENS CENTER INC</u>							
205 E PALM ST ALTADENA, CA 91001	95-4042883	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>BIG BROTHERS BIG SISTERS OF THE BAY AREA</u>							
731 MARKET ST 6TH FL S FRANCISCO, CA 94103	23-7108045	501C(3)	116,550.				CB PROGRAM SUPPORT
<u>BIG BROTHERS BIG SISTERS OF THE NORTH BAY</u>							
1652 W TEXAS AVE # 201 FAIRFIELD, CA 94533	94-2502278	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BIKES BELONG FDN</u>							
1920 13TH ST SUITE A BOULDER, CO 80302	20-4306888	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>BIKES BELONG FDN</u>							
1920 13TH ST SUITE A BOULDER, CO 80302	20-4306888	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>BIKES BELONG FDN</u>							
1920 13TH ST SUITE A BOULDER, CO 80302	20-4306888	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>BILINGUAL FAMILY COUNSELING SVC</u>							
317 W F ST ONTARIO, CA 91762	95-3105124	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BILL WILSON CENTER</u>							
3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>BILLY DEFRANK LESBIAN AND GAY COMM CTR</u>							
3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2850498	501C(3)	30,000.				CB PROGRAM SUPPORT

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<u>BLACK COALITION ON AIDS</u>							
2800 THIRD ST SAN FRANCISCO, CA 94107	94-3098879	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>BLACK WOMEN FOR WELLNESS</u>							
3450 W 43RD ST# 102 LOS ANGELES, CA 90008	95-4624707	501C(3)	35,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUB OF SAN GABRIEL VALLEY</u>							
2740 MOUNTAIN VIEW RD EL MONTE, CA 91732	95-2307624	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUB OF SAN GABRIEL VALLEY</u>							
2740 MOUNTAIN VIEW RD EL MONTE, CA 91732	95-2307624	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUB OF SIMI VALLEY</u>							
2850 LEMON DR SIMI VALLEY, CA 93063	95-2811016	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUB OF THE FOOTHILLS</u>							
600 S SHAMROCK AVE MONROVIA, CA 91016	95-4453545	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUBS NORTH SAN MATEO COUNTY</u>							
201 W ORANGE AVE S SAN FRANCISCO, CA 94080	94-1497000	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUBS OF ANAHEIM</u>							
311 E BROADWAY ANAHEIM, CA 92805	33-0356284	501C(3)	15,000.				TRIPLE PLAY PROGRAM
<u>BOYS & GIRLS CLUBS OF KERN COUNTY</u>							
801 NILES ST BAKERSFIELD, CA 93305	95-2462246	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>BOYS & GIRLS CLUBS OF THE SOUTH BAY</u>							
1220 W 256TH ST HARBOR CITY, CA 90710	33-0450797	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>BOYS AND GIRLS CLUB OF THE VICTOR VALLEY</u>							
17537 MONTEZUMA ST ADELANTO, CA 92301	51-0501395	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BOYS AND GIRLS CLUBS OF THE LA HARBOR</u>							
1200 S CABRILLO AVE SAN PEDRO, CA 90731	95-1661682	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BREED PROJECT THE</u>							
1701 SAN PABLO AVE BERKELEY, CA 94702	94-3363920	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BREAK THE BARRIERS INC</u>							
8555 N CEDAR AVE FRESNO, CA 93720-4832	77-0106437	501C(3)	42,000.				CB PROGRAM SUPPORT
<u>BREAKING BARRIERS</u>							
2200 21ST ST SACRAMENTO, CA 95818	68-0456738	501C(3)	50,000.				CB PROGRAM SUPPORT

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<u>BREAST CANCER EMERGENCY FUND</u>							
965 MISSION ST# 630 SAN FRANCISCO, CA 94103	20-3203899	501C(3)	11,900.				CB PROGRAM SUPPORT
<u>BREASTFEEDING TASK FORCE OF GREATER LA</u>							
1821A SPEYER LANE REDONDO BEACH, CA 90278	95-4861413	501C(3)	10,000.				CONFERENCE SUPPORT
<u>BREATHE CA GOLDEN GATE PUBLIC HEALTH PRNRS</u>							
2171 JUNIPERO SERRA BLVD SUITE 720	94-0836760	501C(3)	19,500.				CLEAN AIR AWARDS
<u>BREATHE CA OF SACRAMENTO/EMIGRANT TRAILS</u>							
909 12TH ST SACRAMENTO, CA 95814-2931	94-1641240	501C(3)	7,000.				ASTHMA TOOL KIT
<u>BREATHE CA OF SACRAMENTO/EMIGRANT TRAILS</u>							
909 12TH ST SACRAMENTO, CA 95814-2931	94-1641240	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>BREATHE CA OF THE BAY AREA</u>							
1469 PARK AVE SAN JOSE, CA 95126	94-1156307	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>BRIGHTER BEGINNINGS</u>							
2648 INTERNATIONAL BLVD OAKLAND, CA 94601	94-2949749	501C(3)	15,000.				TEEN HEALTH MATTERS
<u>BROOKSIDE COMMUNITY HEALTH CENTER</u>							
2023 VALE RD SUITE 107 SAN PABLO, CA 94806	68-0372394	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>BROOKSIDE COMMUNITY HEALTH CENTER</u>							
2023 VALE RD SUITE 107 SAN PABLO, CA 94806	68-0372394	501C(3)	49,875.				CB PROGRAM SUPPORT
<u>BROOKSIDE COMMUNITY HEALTH CENTER</u>							
2023 VALE RD SUITE 107 SAN PABLO, CA 94806	68-0372394	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>BUILDING FUTURES WITH WOMEN AND CHILDREN</u>							
1395 BANCROFT AVE SAN LEANDRO, CA 94577	94-3100741	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BUILDING FUTURES WITH WOMEN AND CHILDREN</u>							
1395 BANCROFT AVE SAN LEANDRO, CA 94577	94-3100741	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>BUILDING OPPORTUNITIES FOR SELFSUFFICIENCY</u>							
2065 KITTREDGE ST STE E BERKELEY, CA 94704	51-0713390	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CAL STATE FULLERTON PHILANTHROPIC FDN</u>							
2600 E NUTWOOD AVE FULLERTON, CA 95092	33-0567945	501C(3)	193,000.				CB PROGRAM SUPPORT
<u>CA ACADEMY OF FAMILY PHYSICIANS FDN</u>							
1520 PACIFIC AVE SAN FRANCISCO, CA 94109	94-2938597	501C(3)	154,478.				CB PROGRAM SUPPORT

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<u>CA BAPTIST UNIVERSITY</u>							
<u>8432 MAGNOLIA AVE RIVERSIDE, CA 92504</u>	<u>95-1890710</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA BLACK WOMENS HEALTH PROJECT</u>							
<u>101 N LA BREA AVE # 610 INGLEWOOD, CA 90301</u>	<u>95-4702923</u>	<u>501C(3)</u>	<u>9,800.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CALIFORNIA CENTER</u>							
<u>1220 H ST SUITE 102 SACRAMENTO, CA 95814</u>	<u>23-7182049</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CALIFORNIA CENTER</u>							
<u>1220 H ST SUITE 102 SACRAMENTO, CA 95814</u>	<u>23-7182049</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA CENTER FOR PUBLIC HEALTH ADVOCACY</u>							
<u>2850 SPAFFORD ST SUITE C DAVIS, CA 95618</u>	<u>95-4723901</u>	<u>501C(3)</u>	<u>130,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA CENTER FOR PUBLIC HEALTH ADVOCACY</u>							
<u>2850 SPAFFORD ST SUITE C DAVIS, CA 95618</u>	<u>95-4723901</u>	<u>501C(3)</u>	<u>130,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CALIFORNIA COMMUNITY FDN</u>							
<u>445 S FIGUEROA ST LOS ANGELES, CA 90071</u>	<u>95-3510055</u>	<u>501C(3)</u>	<u>2,000,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CALIFORNIA COMMUNITY FDN</u>							
<u>445 S FIGUEROA ST LOS ANGELES, CA 90071</u>	<u>95-3510055</u>	<u>501C(3)</u>	<u>5,000,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA FAMILY HEALTH COUNCIL</u>							
<u>3600 WILSHIRE BLVD LOS ANGELES, CA 90010</u>	<u>95-2564024</u>	<u>501C(3)</u>	<u>100,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA FAMILY HEALTH COUNCIL INC</u>							
<u>3600 WILSHIRE BLVD LOS ANGELES, CA 90010</u>	<u>95-2564024</u>	<u>501C(3)</u>	<u>65,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA FAMILY HEALTH COUNCIL INC</u>							
<u>3600 WILSHIRE BLVD LOS ANGELES, CA 90010</u>	<u>95-2564024</u>	<u>501C(3)</u>	<u>65,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA FOOD POLICY ADVOCATES</u>							
<u>436 14TH ST SUITE 1220 OAKLAND, CA 94612</u>	<u>94-3163142</u>	<u>501C(3)</u>	<u>68,750.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA FOOD POLICY ADVOCATES</u>							
<u>436 14TH ST SUITE 1220 OAKLAND, CA 94612</u>	<u>94-3163142</u>	<u>501C(3)</u>	<u>125,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA INSTITUTE FOR NURSING AND HEALTH CARE</u>							
<u>715 HEARST AVE # 203 BERKELEY, CA 94710</u>	<u>82-0570413</u>	<u>501C(3)</u>	<u>184,632.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CA INSTITUTE FOR NURSING AND HEALTH CARE</u>							
<u>715 HEARST AVE # 203 BERKELEY, CA 94710</u>	<u>82-0570413</u>	<u>501C(3)</u>	<u>395,000.</u>				<u>CB PROGRAM SUPPORT</u>

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<u>CA LATINO LEGISLATIVE CAUCUS INSTITUTE</u>							
301 E COLORADO BLVD# 800 PASADENA, CA 91101	76-0708972	501C(3)	12,500.				CB PROGRAM SUPPORT
<u>CA LATINO LEGISLATIVE CAUCUS INSTITUTE</u>							
301 E COLORADO BLVD# 800 PASADENA, CA 91101	76-0708972	501C(3)	12,500.				CB PROGRAM SUPPORT
<u>CA LEGISLATIVE BLACK CAUCUS FDN</u>							
4327 DEGNAN BLVD LOS ANGELES, CA 90008	20-0170129	501C(3)	70,000.				CB PROGRAM SUPPORT
<u>CA MEDICAL ASSOC FDN</u>							
1201 J ST SUITE 350 SACRAMENTO, CA 95814	94-6062822	501C(3)	110,000.				CB PROGRAM SUPPORT
<u>CA MEDICAL ASSOC FDN</u>							
3835 N FREEWAY BLVD SACRAMENTO, CA 95834	94-6062822	501C(3)	110,000.				CB PROGRAM SUPPORT
<u>CA PANETHNIC HEALTH NETWORK</u>							
654 13TH ST OAKLAND, CA 94612-3429	94-3306223	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>CA PANETHNIC HEALTH NETWORK</u>							
654 13TH ST OAKLAND, CA 94612-3429	94-3306223	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>CA POLICE ACTIVITIES LEAGUE</u>							
250 TRAVIS BLVD FAIRFIELD, CA 94533	26-1184406	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>CA PRIMARY CARE ASSOC</u>							
1215 K ST SUITE 700 SACRAMENTO, CA 95814	94-3215565	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CA PRIMARY CARE ASSOC</u>							
1215 K ST SUITE 700 SACRAMENTO, CA 95814	94-3215565	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CA PRIMARY CARE ASSOC</u>							
1215 K ST SUITE 700 SACRAMENTO, CA 95814	94-3215565	501C(3)	250,000.				CB PROGRAM SUPPORT
<u>CA PRIMARY CARE ASSOC</u>							
1215 K ST SUITE 700 SACRAMENTO, CA 95814	94-3215565	501C(3)	250,000.				CB PROGRAM SUPPORT
<u>CA PRIMARY CARE ASSOC</u>							
1215 K ST SUITE 700 SACRAMENTO, CA 95814	94-3215565	501C(3)	12,500.				CONFERENCE SUPPORT
<u>CA SCHOOL HEALTH CENTERS ASSOC</u>							
660 13TH ST 202 OAKLAND, CA 94612-1076	54-1752058	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>CA SCHOOL HEALTH CENTERS ASSOC</u>							
660 13TH ST 202 OAKLAND, CA 94612-1076	94-3201896	501C(3)	10,000.				CONFERENCE SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>CSU FRESNO FOUNDATION</u>							
4912 N CHESTNUT FRESNO, CA 93726	94-6003272	501C(3)	60,000.				CB PROGRAM SUPPORT
<u>CSU FRESNO FOUNDATION</u>							
4913 N CHESTNUT FRESNO, CA 93726	94-6003272	501C(3)	28,056.				CB PROGRAM SUPPORT
<u>CSU NORTHRIDGE FDN</u>							
18111 NORDHOFF ST NORTHRIDGE, CA 91330	95-6196006	501C(3)	72,000.				CB PROGRAM SUPPORT
<u>CSU STANISLAUS</u>							
ONE UNIVERSITY CIRCLE TURLOCK, CA 95382	77-0207337	GOVERNMENT	20,247.				CB PROGRAM SUPPORT
<u>CA WOMENS LAW CENTER</u>							
6300 WILSHIRE BLVD 980 L ANGELES, CA 90048	95-4204490	501C(3)	9,600.				CB PROGRAM SUPPORT
<u>CAMARILLO HEALTH CARE DISTRICT</u>							
3639 E LAS POSAS RD#117 CAMARILLO, CA 93010	95-2834854	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>CAMARILLO HEALTH CARE DISTRICT</u>							
3639 E LAS POSAS RD#117 CAMARILLO, CA 93010	95-2834854	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>CAMARILLO HOSPICE CORP</u>							
400 ROSEWOOD AVE 102 CAMARILLO, CA 93010	95-3347061	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CAMP TAYLOR INC</u>							
5200 PIRRONE RD SUITE B SALIDA, CA 95368	04-3709177	501C(3)	35,000.				CAMP TAYLOR
<u>CANAL ALLIANCE</u>							
91 LARKSPUR ST SAN RAFAEL, CA 94901-4820	94-2832648	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CAPITAL CITY AIDS FUND</u>							
2331 L ST SUITE B SACRAMENTO, CA 95816	68-0385175	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>CATALYST FDN FOR AIDS AWARENESS AND CARE</u>							
44758 ELM AVE LANCASTER, CA 93534	77-0357456	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>CATHOLIC CHARITIES S BERNARDINO RIVERSIDE</u>							
1450 NORTH D ST SAN BERNARDINO, CA 92405	95-3516461	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CENTER FOR ADVANCED RESEARCH AND TECHNOLOGY</u>							
2555 CLOVIS AVE CLOVIS, CA 93612	77-0496752	501C(3)	34,472.				CB PROGRAM SUPPORT
<u>CENTER FOR AIDS RESEARCH ED & SVCS</u>							
1500 21ST ST SACRAMENTO, CA 95811	68-0162903	501C(3)	50,000.				GENERAL SUPPORT

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<u>CENTER FOR COMMUNITY HEALTH AND WELLBEING</u>							
1900 T ST SACRAMENTO, CA 95811	68-0248303	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>CENTER FOR COMMUNITY SOLUTIONS</u>							
4508 MISSION BAY DR SAN DIEGO, CA 92109	95-6379598	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>CENTER FOR EMPOWERING REFUGEES & IMMIGRANTS</u>							
544 INTERNATIONAL BLVD# 9 OAKLAND, CA 94606	76-0822958	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CENTER FOR HUMAN DEVELOPMENT</u>							
391 TAYLOR BLVD#120 PLEASANT HILL, CA 94523	94-2520840	501C(3)	16,000.				CB PROGRAM SUPPORT
<u>CENTER FOR HUMAN SVCS</u>							
2321 E WHITMORE AVE CERRES, CA 95307	94-1725620	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>CENTER ON POLICY INITIATIVES</u>							
3727 CAMINO DEL RIO S SAN DIEGO, CA 92108	33-0824881	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>CENTER ON POLICY INITIATIVES</u>							
3727 CAMINO DEL RIO S SAN DIEGO, CA 92108	33-0824881	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>CENTER TO PROMOTE HEALTHCARE ACCESS INC</u>							
1333 BROADWAY 1020 OAKLAND, CA 94612	59-3831966	501C(3)	42,400.				CB PROGRAM SUPPORT
<u>CENTER TO PROMOTE HEALTHCARE ACCESS INC</u>							
1333 BROADWAY 1020 OAKLAND, CA 94612	59-3831966	501C(3)	847,891.				CB PROGRAM SUPPORT
<u>CENTINELA YOUTH SVC INC</u>							
11539 HAWTHORNE BLVD HAWTHORNE, CA 90250	95-3821576	501C(3)	9,500.				CB PROGRAM SUPPORT
<u>CENTRAL AMERICAN RESRCH CTR CARECKN OF CA</u>							
2845 W SEVENTH ST LOS ANGELES, CA 90005	95-3867724	501C(3)	9,400.				CB PROGRAM SUPPORT
<u>CENTRAL CALIFORNIA LEGAL SVCS</u>							
1401 FULTON ST STE 700 FRESNO, CA 93721	94-1631809	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>CENTRAL CITY COMMUNITY HEALTH CENTER</u>							
5230 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4492570	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>CENTRAL CITY CONCERN INC</u>							
232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501C(3)	24,600.				ANNUAL FUNDRAISER
<u>CENTRAL CITY CONCERN INC</u>							
232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501C(3)	40,000.				CB PROGRAM SUPPORT

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<u>CENTRAL CITY CONCERN INC</u>							
232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501C(3)	66,881.				CB PROGRAM SUPPORT
<u>CENTRAL CITY LUTHERAN MISSION</u>							
1354 NORTH G ST SAN BERNARDINO, CA 92405	33-0634580	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CENTRAL VALLEY HEALTH NETWORK</u>							
1107 NINTH ST # 810 SACRAMENTO, CA 95814	68-0429643	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>CENTRAL VALLEY HEALTH NETWORK</u>							
1107 NINTH ST # 810 SACRAMENTO, CA 95814	68-0429643	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CENTRAL VALLEY HEALTH NETWORK</u>							
1107 NINTH ST # 810 SACRAMENTO, CA 95814	68-0429643	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>CENTRAL VALLEY HEALTH NETWORK</u>							
1107 NINTH ST # 810 SACRAMENTO, CA 95814	68-0429643	501C(3)	10,000.				CONFERENCE SUPPORT
<u>CENTRO BINACIONAL PARA EL DESARROLLO INDIGE</u>							
744 N ABBY ST FRESNO, CA 93701-1051	77-0337939	501C(3)	17,000.				CB PROGRAM SUPPORT
<u>CENTRO DE SALUDHEW 2</u>							
4004 BEYER BLVD CA SAN YSIDRO, CA 92173	95-2801772	501C(3)	54,572.				CB PROGRAM SUPPORT
<u>CENTRO DE SALUDHEW 3</u>							
4004 BEYER BLVD CA SAN YSIDRO, CA 92173	95-2801772	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>CENTRO DE SERVICIOS OF ALAMEDA COUNTY</u>							
525 H ST UNION CITY, CA 94587	94-2489691	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>CESAR CHAVEZ FDN LA</u>							
634 S SPRING ST 4TH FLR L ANGELES, CA 90014	77-0379630	501C(3)	9,590.				CB PROGRAM SUPPORT
<u>CHABOT COLLEGE FDN</u>							
2555 HESPERIAN BLVD # 220 HAYWARD, CA 94545	20-0027721	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>CHABOT SPACE & SCIENCE CENTER</u>							
10000 SKYLINE BLVD OAKLAND, CA 94619	94-3146233	501C(3)	24,485.				CB PROGRAM SUPPORT
<u>CHARLOTTE MAXWELL COMPLEMENTARY CLINIC</u>							
5691 TELEGRAPH AVE OAKLAND, CA 94609-1741	94-3116456	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>CHILD ABUSE PREV COUNCIL OF PLACER COUNTY</u>							
7311 GALILEE RD # 105 ROSEVILLE, CA 95678	68-0195225	501C(3)	11,500.				CB PROGRAM SUPPORT

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<u>CHILD ABUSE PREV COUNCIL OF PLACER COUNTY</u>							
7311 GALILEE RD # 105 ROSEVILLE, CA 95678	68-0195225	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>CHILD ADVOCATES OF S CLARA & S MATEO CTY</u>							
509 VALLEY WAY BLDG 2 MILPITAS, CA 95035	77-0250773	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CHILD CARE COORD COUNCIL OF S MATEO COUNTY</u>							
2121 S EL CAMINO REAL SAN MATEO, CA 94403	94-2226587	501C(3)	15,922.				CB PROGRAM SUPPORT
<u>CHILDREN AT RISK RESOURCES FDN INC</u>							
812 W CLOVER RD 42 TRACY, CA 95376-1711	81-0551093	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CHILDREN NOW</u>							
1212 BROADWAY 5TH FLOOR OAKLAND, CA 94612	94-3059243	501C(3)	60,000.				CB PROGRAM SUPPORT
<u>CHILDRENS BUREAU OF SOUTHERN CA</u>							
50 S ANAHEIM BLVD # 241 ANAHEIM, CA 91706	95-1690975	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CHILDRENS CLINIC</u>							
2801 ATLANTIC AVE LONG BEACH, CA 90806	95-1643332	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>CHILDRENS DENTAL CENTER</u>							
300 E BUCKTHORN ST INGLEWOOD, CA 90301	95-4533883	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>CHILDRENS DENTAL CENTER</u>							
300 E BUCKTHORN ST INGLEWOOD, CA 90301	95-4533883	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>CHILDRENS EMPOWERMENT INCORPORATED</u>							
480 COLLINS AVE SUITE J COLMA, CA 94014	94-3329561	501C(3)	16,000.				CB PROGRAM SUPPORT
<u>CHILDRENS FUND INCORPORATED</u>							
385 N ARROWHEAD AVE S BERNARDINO, CA 92415	33-0193286	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CHILDRENS NETWORK OF SOLANO COUNTY</u>							
1652 W TEXAS ST # 102C FAIRFIELD, CA 94533	68-0014506	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>CHILDRENS NURTURING PROJECT</u>							
274 E SUNSET AVE 167 SUISUN, CA 94585	72-1553818	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>CHILDRENS SVC FUND</u>							
9680 CITRUS AVE FONTANA, CA 92334	33-0035918	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>CHILDRENS VISION FIRST</u>							
1007 GENERAL KENNEDY AVE # 210 SF, CA 94129	35-2211478	501C(3)	55,000.				CB PROGRAM SUPPORT

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<u>CHINATOWN SVC CENTER</u>							
<u>767 N HILLS ST # 200 LOS ANGELES, CA 90012</u>	<u>95-2918844</u>	<u>501C(3)</u>	<u>9,750.</u>				<u>ANNUAL FUNDRAISER</u>
<u>CHINESE AMERICAN CO FOR COMPASSIONATE CARE</u>							
<u>4070 CACTUS RD SHINGLE SPRINGS, CA 95682</u>	<u>26-0895114</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CHRISTIE SCHOOL DRA CHRISTIECARE</u>							
<u>PO BOX 368 MARYLHURST, OR 97036</u>	<u>93-0555331</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CHRISTIES PLACE INC</u>							
<u>2440 THIRD AVE SAN DIEGO, CA 92101</u>	<u>91-1878632</u>	<u>501C(3)</u>	<u>11,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CIF OF THE SAN FRANCISCO FDN</u>							
<u>101 GROVE ST 408 SAN FRANCISCO, CA 94102</u>	<u>94-3255070</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY AND COUNTY OF SAN FRANCISCO</u>							
<u>1001 POTRERO AVE#2A35 S FRANCISCO, CA 94110</u>	<u>94-6000417</u>	<u>GOVERNMENT</u>	<u>75,000.</u>				<u>QI INITIATIVE</u>
<u>CITY OF BERKELEY</u>							
<u>1947 CENTER ST BERKELEY, CA 94704</u>	<u>94-6000299</u>	<u>GOVERNMENT</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF BERKELEY</u>							
<u>1947 CENTER ST 2ND FLOOR BERKELEY, CA 94704</u>	<u>94-6000299</u>	<u>GOVERNMENT</u>	<u>100,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF CHULA VISTA - CITY FINANCE OFFICE</u>							
<u>276 4TH AVE CHULA VISTA, CA 91910</u>	<u>95-6000690</u>	<u>GOVERNMENT</u>	<u>50,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF CONCORD</u>							
<u>1950 PARKSIDE DR N S 10 CONCORD, CA 94519</u>	<u>94-6000315</u>	<u>GOVERNMENT</u>	<u>6,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF FAIRFIELD COMMUNITY SVCS DEPT</u>							
<u>1000 WEBSTER ST FAIRFIELD, CA 94533</u>	<u>94-6000331</u>	<u>GOVERNMENT</u>	<u>20,000.</u>				<u>FIT IN</u>
<u>CITY OF FOLSOM PARKS & RECREATION</u>							
<u>50 NATOMA ST FOLSOM, CA 95630</u>	<u>94-6000334</u>	<u>GOVERNMENT</u>	<u>5,400.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF FOLSOM PARKS & RECREATION</u>							
<u>50 NATOMA ST FOLSOM, CA 95630</u>	<u>94-6000334</u>	<u>GOVERNMENT</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF FONTANA RECREATION & COMMUNITY SVC</u>							
<u>9460 SIERRA AVE FONTANA, CA 92335</u>	<u>95-6004770</u>	<u>GOVERNMENT</u>	<u>50,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>CITY OF LA DEPT OF RECREATION AND PARKS</u>							
<u>1200 W 7TH ST STE 700 LOS ANGELES, CA 90017</u>	<u>95-6000735</u>	<u>GOVERNMENT</u>	<u>231,000.</u>				<u>CB PROGRAM SUPPORT</u>

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<u>CITY OF LA FIRE DEPT</u>							
200 N MAIN ST # 1800 LOS ANGELES, CA 90012	95-6000735	GOVERNMENT	90,000.				CB PROGRAM SUPPORT
<u>CITY OF LIVERMORE</u>							
1052 S LIVERMORE AVE LIVERMORE, CA 94568	94-6000359	GOVERNMENT	15,000.				CB PROGRAM SUPPORT
<u>CITY OF LONG BEACH DEPT OF HHS</u>							
2525 GRAND AVE LONG BEACH, CA 90815	95-6000733	GOVERNMENT	12,500.				CB PROGRAM SUPPORT
<u>CITY OF LONG BEACH DEPT OF HHS</u>							
2525 GRAND AVE LONG BEACH, CA 90815	95-6000733	GOVERNMENT	40,000.				CB PROGRAM SUPPORT
<u>CITY OF OAKLAND OFFICE OF THE MAYOR</u>							
ONE FRANK H OGAWA PLAZA OAKLAND, CA 94612	94-6000384	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
<u>CITY OF PASADENA PUBLIC HEALTH DEPT</u>							
1845 N FAIR OAKS AVE PASADENA, CA 91103	95-6000759	GOVERNMENT	50,000.				CB PROGRAM SUPPORT
<u>CITY OF PASADENA PUBLIC HEALTH DEPT</u>							
1845 N FAIR OAKS AVE PASADENA, CA 91103	95-6000759	GOVERNMENT	200,000.				CB PROGRAM SUPPORT
<u>CITY OF PORTLAND OREGON</u>							
1120 SW 5TH AVE 800 PORTLAND, OR 97204	93-6002236	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>CITY OF PORTLAND OREGON</u>							
1120 SW 5TH AVE 800 PORTLAND, OR 97204	93-6002236	GOVERNMENT	70,000.				CB PROGRAM SUPPORT
<u>CITY OF REDWOOD CITY</u>							
750 BRADFORD ST REDWOOD CITY, CA 94063-1727	94-6001116	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>CITY OF RIVERSIDE</u>							
3900 MAIN ST RIVERSIDE, CA 92522	95-6000769	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>CITY OF SACRAMENTO</u>							
CITY HALL 915 I ST SACRAMENTO, CA 95814	94-6000410	GOVERNMENT	61,516.				CB PROGRAM SUPPORT
<u>CITY OF SAN JOSE</u>							
3369 UNION AVE SAN JOSE, CA 95124	94-6000419	GOVERNMENT	8,000.				CB PROGRAM SUPPORT
<u>CITY OF SAN LEANDRO RECREATION AND HS DEPT</u>							
835 E 14TH ST SAN LEANDRO, CA 94577	94-6000421	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
<u>CITY OF UNION CITY LEISURE SVCS</u>							
34009 ALVARADO NILES RD UNION CTY, CA 94587	94-6036941	GOVERNMENT	20,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLERGY AND LAITY UNITED FOR ECONOMIC JUSTICE 1345 S BURLINGTON AVE LOS ANGELES, CA 90006	91-2076672	501C(3)	75,000.				CB PROGRAM SUPPORT
CLINICA MONSEÑOR OSCAR A ROMERO 2032 MARENGO ST LOS ANGELES, CA 90033	95-3881333	501C(3)	75,000.				CB PROGRAM SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTON AVE BAKERSFIELD, CA 93301	95-2707101	501C(3)	8,360.				CB PROGRAM SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTON AVE BAKERSFIELD, CA 93301	95-2707101	501C(3)	25,000.				CB PROGRAM SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTON AVE BAKERSFIELD, CA 93301	95-2707101	501C(3)	25,000.				CB PROGRAM SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTON AVE BAKERSFIELD, CA 93301	95-2707101	501C(3)	75,000.				CB PROGRAM SUPPORT
CLINICAS DEL CAMINO REAL INC 200 S WELLS RD SUITE 200 VENTURA, CA 93004	95-2977147	501C(3)	80,000.				CB PROGRAM SUPPORT
COALITION OF NEIGHBORHOOD COUNCILS 415 N EUCLID AVE SAN DIEGO, CA 92114	91-2057499	501C(3)	25,000.				CB PROGRAM SUPPORT
COALITION OF ORANGE COUNTY COMMUNITY CLINIC 17701 COWAN AVE SUITE 220 IRVINE, CA 92614	95-2900725	501C(3)	90,000.				CB PROGRAM SUPPORT
COALITION OF ORANGE COUNTY COMMUNITY CLINIC 17701 COWAN AVE SUITE 220 IRVINE, CA 92614	95-2900725	501C(3)	100,000.				CB PROGRAM SUPPORT
COALITION OF ORANGE COUNTY COMMUNITY CLINIC 17701 COWAN AVE SUITE 220 IRVINE, CA 92614	95-2900725	501C(3)	160,000.				CB PROGRAM SUPPORT
COASTAL HEALTH ALLIANCE 3 SIXTH ST POB 910 POINT REYES, CA 94956	68-0172541	501C(3)	7,500.				CB PROGRAM SUPPORT
COASTAL HEALTH ALLIANCE 3 SIXTH ST POB 910 POINT REYES, CA 94956	68-0172541	501C(3)	84,849.				QI INITIATIVE
COASTSIDE FAMILY MEDICAL CLINIC INC 225 S CABRILLO HWY HALF MOON BAY, CA 94019	52-2327727	501C(3)	5,855.				CB PROGRAM SUPPORT
COASTSIDE FAMILY MEDICAL CLINIC INC 225 S CABRILLO HWY HALF MOON BAY, CA 94019	52-2327727	501C(3)	30,873.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

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<u>COASTSIDE HEALTH COMMITTEE</u>							
490 MIRAMONTES AVE HALF MOON BAY, CA 94019	94-2956085	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>COLLECTIVE ROOTS GARDEN PROJECT</u>							
1286 RUNNYMEDE ST EAST PALO ALTO, CA 94303	71-0901459	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>COLUMBIA RIVER MENTAL HEALTH SVCS</u>							
6926 E 4TH PLAIN BLVD VANCOUVER, WA 98661	91-0609138	501C(3)	21,500.				CB PROGRAM SUPPORT
<u>COMM COAL FOR SUBSTANCE ABUSE PREVENTION</u>							
8101 S VERMONT AVE LOS ANGELES, CA 90044	95-4298811	501C(3)	9,380.				ANNUAL FUNDRAISER
<u>COMM COAL FOR SUBSTANCE ABUSE PREVENTION</u>							
8101 S VERMONT AVE LOS ANGELES, CA 90044	95-4298811	501C(3)	60,000.				CB PROGRAM SUPPORT
<u>COMMON GROUND THE WESTSIDE HIV COMMUNITY</u>							
2012 LINCOLN BLVD SANTA MONICA, CA 90405	95-4460765	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>COMMUNICARE HEALTH CENTERS</u>							
2051 JOHN JONES RD DAVIS, CA 95616	94-2188574	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>COMMUNICARE HEALTH CENTERS</u>							
2051 JOHN JONES RD DAVIS, CA 95616	94-2188574	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>COMMUNITY ACTION PRINRSHP OF SONOMA COUNTY</u>							
1300 N DUTTON SANTA ROSA, CA 95401	94-1648949	501C(3)	10,000.				DRUG INTERVENTION
<u>COMMUNITY ACTION PRINRSHP OF SONOMA COUNTY</u>							
1300 N DUTTON SANTA ROSA, CA 95401	94-1648949	501C(3)	20,000.				KIDS NET
<u>COMMUNITY ALLIANCE WITH FAMILY FARMERS FDN</u>							
36355 RUSSELL BLVD DAVIS, CA 95616	94-2914745	501C(3)	55,830.				CB PROGRAM SUPPORT
<u>COMMUNITY AWARENESS & TREATMENT SVCS INC</u>							
101 GROVE ST # 323 SAN FRANCISCO, CA 94102	94-2335626	501C(3)	250,000.				CB PROGRAM SUPPORT
<u>COMMUNITY BREAST HEALTH PROJECT</u>							
390 CAMBRIDGE AVE PALO ALTO, CA 94306	77-0417605	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>COMMUNITY CHAPLAINCY</u>							
7812 EL RENO AVE ELVERTA, CA 95626	20-0241444	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>COMM CHILD CARE COORD COUNCIL OF ALAMEDA</u>							
22351 CITY CENTER DR# 200 HAYWARD, CA 94541	23-7218859	501C(3)	20,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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COMM CHILD CARE COORD COUNCIL OF ALAMEDA 22351 CITY CENTER DR# 200 HAYWARD, CA 94541	23-7218859	501C(3)	45,000.				CB PROGRAM SUPPORT
COMMUNITY CHILD CARE COUNCIL OF SONOMA CTY 396 TESCONI COURT SANTA ROSA, CA 95401	942274620	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
COMMUNITY CLINIC ASSOC OF LA COUNTY 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	95-4576023	501C(3)	90,000.				CB PROGRAM SUPPORT
COMMUNITY CLINIC ASSOC OF LA COUNTY 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	95-4576023	501C(3)	100,000.				CB PROGRAM SUPPORT
COMMUNITY CLINIC ASSOC OF LA COUNTY 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	95-4576023	501C(3)	29,520.				CONFERENCE SUPPORT
COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DR SAN DIEGO, CA 92108	33-0759107	501C(3)	65,000.				CB PROGRAM SUPPORT
COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DR SAN DIEGO, CA 92108	33-0759107	501C(3)	90,000.				CB PROGRAM SUPPORT
COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DR SAN DIEGO, CA 92108	33-0759107	501C(3)	100,000.				CB PROGRAM SUPPORT
COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DR SAN DIEGO, CA 92108	33-0759107	501C(3)	200,000.				CB PROGRAM SUPPORT
COMMUNITY COLLEGE FDN 1901 ROYAL OAKS DR SACRAMENTO, CA 95815	68-0016439	501C(3)	40,000.				CB PROGRAM SUPPORT
COMMUNITY FDN SONOMA COUNTY 625 FIFTH ST SANTA ROSA, CA 95404-4428	68-0003212	501C(3)	20,000.				CB PROGRAM SUPPORT
COMMUNITY FDN SONOMA COUNTY 625 FIFTH ST SANTA ROSA, CA 95404-4428	68-0003212	501C(3)	50,000.				CB PROGRAM SUPPORT
COMMUNITY HEALTH ALLIANCE OF PASADENA 1855 N FAIR OAKS AVE PASADENA, CA 91103	95-4536824	501C(3)	14,350.				CB PROGRAM SUPPORT
COMMUNITY HEALTH AWARENESS COUNCIL 711 CHURCH ST MOUNTAIN VIEW, CA 94041-2030	94-2223670	501C(3)	15,000.				CB PROGRAM SUPPORT
COMMUNITY HEALTH AWARENESS COUNCIL 711 CHURCH ST MOUNTAIN VIEW, CA 94041-2030	94-2223670	501C(3)	15,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

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94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>COMMUNITY HEALTH CENTER NETWORK</u>							
101 CALLAN AVE # 300 SAN LEANDRO, CA 94577	94-3253662	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CENTER NETWORK</u>							
101 CALLAN AVE # 300 SAN LEANDRO, CA 94577	94-3253662	501C(3)	200,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CENTER NETWORK</u>							
101 CALLAN AVE # 300 SAN LEANDRO, CA 94577	94-3253662	501C(3)	110,810.				QI INITIATIVE
<u>COMMUNITY HEALTH CHARITIES OF CA</u>							
5777 W CENTURY BLVD LOS ANGELES, CA 90045	94-1732873	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CHARITIES OF OREGON</u>							
5331 SW MACADAM AVE# 350 PORTLAND, OR 97239	23-7081441	501C(3)	11,769.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CLINIC OLE</u>							
1141 PEAR TREE LANE # 100 NAPA, CA 94558	23-7221695	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CLINIC OLE</u>							
1141 PEAR TREE LANE # 100 NAPA, CA 94558	23-7221695	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH CLINIC OLE</u>							
1141 PEAR TREE LANE # 100 NAPA, CA 94558	23-7221695	501C(3)	100,000.				QI INITIATIVE
<u>COMM HEALTH EMPOWERMENT EXCHANGE WORKS</u>							
305 CHESLEY AVE RICHMOND, CA 94801	23-7169239	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH IMPROVEMENT PARTNERS</u>							
5575 RUFFIN RD # 225 SAN DIEGO, CA 92123	33-0496092	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH IMPROVEMENT PARTNERS</u>							
5575 RUFFIN RD # 225 SAN DIEGO, CA 92123	33-0496092	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH PTRNSHP OF S CLARA COUNTY</u>							
100 N WINCHESTER BLVD S FRANCISCO, CA 94104	77-0352645	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH PTRNSHP OF S CLARA COUNTY</u>							
100 N WINCHESTER BLVD S FRANCISCO, CA 94104	77-0352645	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH PTRNSHP OF S CLARA COUNTY</u>							
100 N WINCHESTER BLVD S FRANCISCO, CA 94104	77-0352645	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>COMMUNITY HEALTH PTRNSHP OF S CLARA COUNTY</u>							
100 N WINCHESTER BLVD SANTA CLARA, CA 95050	77-0352645	501C(3)	62,500.				QI INITIATIVE

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Schedule I-1 (Form 990) 2008

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<u>COMMUNITY HEALTH SYSTEMS INC</u>							
<u>22675 ALESSANDRO BLVD MORENO VLY, CA 92553</u>	<u>33-0056551</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY HEALTH SYSTEMS INC</u>							
<u>22675 ALESSANDRO BLVD MORENO VLY, CA 92553</u>	<u>33-0056551</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY HEALTH SYSTEMS INC</u>							
<u>22675 ALESSANDRO BLVD MORENO VLY, CA 92553</u>	<u>33-0056551</u>	<u>501C(3)</u>	<u>23,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY HEALTH SYSTEMS INC</u>							
<u>22675 ALESSANDRO BLVD MORENO VLY, CA 92553</u>	<u>33-0056551</u>	<u>501C(3)</u>	<u>80,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY MATTERS</u>							
<u>117 MORRIS ST # 230 SEBASTOPOL, CA 95470</u>	<u>68-0369720</u>	<u>501C(3)</u>	<u>40,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY MEDICAL CENTERS INC</u>							
<u>7210 MURRAY DR STOCKTON, CA 95210-3339</u>	<u>94-2437106</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY MEDICAL CENTERS INC</u>							
<u>7210 MURRAY DR STOCKTON, CA 95210-3339</u>	<u>94-2437106</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY MEDICAL CENTERS INC</u>							
<u>7210 MURRAY DR STOCKTON, CA 95210-3339</u>	<u>94-2437106</u>	<u>501C(3)</u>	<u>32,404.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY PARTNERS</u>							
<u>1000 N ALAMEDA ST#240 LOS ANGELES, CA 90012</u>	<u>95-4302067</u>	<u>501C(3)</u>	<u>200,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY RESOURCES FOR INDEPENDENT LIVING</u>							
<u>439 A ST HAYWARD, CA 94541</u>	<u>94-2598873</u>	<u>501C(3)</u>	<u>8,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY RESOURCES FOR INDEPENDENT LIVING</u>							
<u>439 A ST HAYWARD, CA 94541</u>	<u>94-2598873</u>	<u>501C(3)</u>	<u>9,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY SVC EDUCATION & RESEARCH FUND</u>							
<u>5380 ELVAS AVE SACRAMENTO, CA 95819-2300</u>	<u>23-7003581</u>	<u>501C(3)</u>	<u>5,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY SVC EDUCATION & RESEARCH FUND</u>							
<u>5380 ELVAS AVE SACRAMENTO, CA 95819-2300</u>	<u>23-7003581</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMMUNITY SVC EDUCATION & RESEARCH FUND</u>							
<u>5380 ELVAS AVE SACRAMENTO, CA 95819-2300</u>	<u>23-7003581</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>COMM SVCS AGCY OF MT VIEW AND LOS ALTOS</u>							
<u>204 STIERLIN RD MOUNTAIN VIEW, CA 94043</u>	<u>94-1422465</u>	<u>501C(3)</u>	<u>20,000.</u>				<u>CB PROGRAM SUPPORT</u>

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COMMUNITY SVCS NORTHWEST 317 E 39TH ST VANCOUVER, WA 98663	14-1848332	501C(3)	10,000.				CB PROGRAM SUPPORT
COMMUNITY SVCS PLANNING COUNCIL 2345 RAINBOW AVE SACRAMENTO, CA 95821	94-1201196	501C(3)	20,000.				CB PROGRAM SUPPORT
COMMUNITY VIOLENCE SOLUTIONS 2101 VAN NESS ST SAN PABLO, CA 94806	94-2411924	501C(3)	15,000.				CB PROGRAM SUPPORT
COMPREHENSIVE YOUTH SVCS OF FRESNO INC 3795 E SHIELDS AVE FRESNO, CA 93726	94-2219412	501C(3)	23,000.				CB PROGRAM SUPPORT
CONGRESSIONAL BLACK CAUCUS FDN INC 1720 MASSACHUSETTS AVE NW WSHNGTN, DC 20036	52-1160561	501C(3)	50,000.				CB PROGRAM SUPPORT
CONGRESSIONAL BLACK CAUCUS FDN INC 1720 MASSACHUSETTS AVE NW WSHNGTN, DC 20036	52-1160561	501C(3)	15,000.				CB PROGRAM SUPPORT
CONGRESSIONAL BLACK CAUCUS FDN INC 1720 MASSACHUSETTS AVE NW WSHNGTN, DC 20036	52-1160561	501C(3)	15,000.				CONFERENCE SUPPORT
CONTINENTALS OF OMEGA BOYS & GIRLS CLUB 1 POSITIVE PLACE VALLEJO, CA 94589	23-7129424	501C(3)	15,000.				CB PROGRAM SUPPORT
CONTINUING DEVELOPMENT INCORPORATED 111 N MARKET ST 500 SAN JOSE, CA 95113	94-2376637	501C(3)	48,525.				CB PROGRAM SUPPORT
CONTRA COSTA CHILD CARE COUNCIL 1035 DETROIT AVE # 200 CONCORD, CA 94518	94-2383037	501C(3)	20,000.				CB PROGRAM SUPPORT
CONTRA COSTA CHILD CARE COUNCIL 1035 DETROIT AVE # 200 CONCORD, CA 94518	94-2383037	501C(3)	20,000.				CB PROGRAM SUPPORT
CONTRA COSTA CHILD CARE COUNCIL 1035 DETROIT AVE # 200 CONCORD, CA 94518	94-2383037	501C(3)	67,000.				CB PROGRAM SUPPORT
CONTRA COSTA COUNTY 50 DOUGLAS DR MARTINEZ, CA 94553	94-6000509	GOVERNMENT	7,500.				CB PROGRAM SUPPORT
CONTRA COSTA COUNTY 597 CENTER AVE # 115 MARTINEZ, CA 94553	94-6000509	GOVERNMENT	30,000.				CB PROGRAM SUPPORT
CONTRA COSTA COUNTY 597 CENTER AVE # 315 MARTINEZ, CA 94553	94-6000509	GOVERNMENT	50,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>CONTRA COSTA COUNTY</u>							
597 CENTER AVE # 365 MARTINEZ, CA 94553	94-6000509	GOVERNMENT	15,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA COUNTY</u>							
597 CENTER AVE # 365 MARTINEZ, CA 94553	94-6000509	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA INTERFAITH SPONSORING COMMITTEE</u>							
724 FERRY ST MARTINEZ, CA 94553-1624	68-0361176	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA REGIONAL HEALTH FDN</u>							
50 DOUGLAS DR MARTINEZ, CA 94553-4098	20-0555977	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA REGIONAL HEALTH FDN</u>							
50 DOUGLAS DR MARTINEZ, CA 94553	20-0555977	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA REGIONAL HEALTH FDN</u>							
50 DOUGLAS DR MARTINEZ, CA 94553	20-0555977	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>CONTRA COSTA REGIONAL MED & HEALTH CENTERS</u>							
2500 ALHAMBRA AVE MARTINEZ, CA 94533	94-6000509	GOVERNMENT	100,000.				QI INITIATIVE
<u>COPE FAMILY CENTER</u>							
1340 FOURTH ST NAPA, CA 94559	94-2322399	501C(3)	15,000.				HOME VISITATION
<u>COPE HEALTH SOLUTIONS</u>							
2400 S FLOWER ST LOS ANGELES, CA 90007	47-0864952	501C(3)	218,240.				CB PROGRAM SUPPORT
<u>COPPERTOWER FAMILY MEDICAL CENTER INC</u>							
6 TARMAN DR CLOVERDALE, CA 95425-3932	68-0345901	501C(3)	18,000.				CB PROGRAM SUPPORT
<u>CORA COMM OVERCOMING RELATIONSHIP ABUSE</u>							
1633 BAYSHORE HWY 280 BURLINGAME, CA 94010	94-2481188	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>CORO NORTHERN CA INC</u>							
601 MONTGOMERY ST SAN FRANCISCO, CA 94111	94-3117758	501C(3)	98,000.				CB PROGRAM SUPPORT
<u>CORO SOUTHERN CA INC</u>							
1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4274561	501C(3)	8,750.				CB PROGRAM SUPPORT
<u>CORONANORCO UNIFIED SCHOOL DISTRICT</u>							
2820 CLARK AVE BLDG E NORCO, CA 92860	33-0277305	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
<u>COUNCIL OF COMMUNITY CLINICS</u>							
7535 METROPOLITAN DR SAN DIEGO, CA 92108	95-3008850	501C(3)	10,000.				CB PROGRAM SUPPORT

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Kaiser Foundation Hospitals

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>COUNCIL OF COMMUNITY CLINICS</u>							
7535 METROPOLITAN DR SAN DIEGO, CA 92108	95-3008850	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>COUNCIL OF COMMUNITY CLINICS</u>							
7535 METROPOLITAN DR SAN DIEGO, CA 92108	95-3008850	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>COUNCIL OF ORANGE CTY - ST VINCENT DE PAUL</u>							
426A W ALMOND ORANGE, CA 92866	95-3033494	501C(3)	8,000.				BROWN BAG PROGRAM
<u>COUNTY OF FRESNO DEPT OF COMMUNITY HEALTH</u>							
1221 FULTON MALL FRESNO, CA 93721	94-6000512	GOVERNMENT	34,650.				CB PROGRAM SUPPORT
<u>COUNTY OF FRESNO DEPT OF COMMUNITY HEALTH</u>							
1221 FULTON MALL FRESNO, CA 93721	94-6000512	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>COUNTY OF LA HARBOR UCLA</u>							
1333 CHESTNUT AVE LONG BEACH, CA 90813	95-6000927	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>COUNTY OF RIVERSIDE DEPT OF PUBLIC HEALTH</u>							
4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	95-6000930	GOVERNMENT	19,700.				CB PROGRAM SUPPORT
<u>COUNTY OF SACRAMENTO DEPT OF HHS</u>							
9719 LINCOLN VILLAGE DR SACRAMENTO, CA 95827	94-6000529	GOVERNMENT	14,245.				CB PROGRAM SUPPORT
<u>COUNTY OF SAN BERNARDINO</u>							
351 N MTN VIEW AVE SAN BERNARDINO, CA 92415	95-6002748	GOVERNMENT	40,000.				CB PROGRAM SUPPORT
<u>COUNTY OF SAN MATEO</u>							
222 W 39TH AVE SAN MATEO, CA 94403	94-6000532	GOVERNMENT	350,000.				PHASE 2007
<u>COUNTY OF SAN MATEO</u>							
222 W 39TH AVE SAN MATEO, CA 94403	94-6000532	GOVERNMENT	300,000.				CB PROGRAM SUPPORT
<u>COUNTY OF SANTA CLARA</u>							
333 W JULIAN ST 5TH FL SAN JOSE, CA 95110	94-6000533	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>COUNTY OF SANTA CLARA</u>							
751 S BASCOM AVE SAN JOSE, CA 95128-2604	94-6000533	GOVERNMENT	100,000.				QI INITIATIVE
<u>COUNTY OF S CLARA PARKS & RECREATION DEPT</u>							
298 GARDEN HILL DR LOS GATOS, CA 95032	94-6000533	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
<u>COUNTY OF VENTURA</u>							
2323 KNOLL DR VENTURA, CA 93003	95-6000944	GOVERNMENT	40,000.				CB PROGRAM SUPPORT

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>COUNTY OF VENTURA</u>							
2323 KNOLL DR VENTURA, CA 93003	95-6000944	GOVERNMENT	300,000.				CB PROGRAM SUPPORT
<u>COUNTY OF VENTURA</u>							
3291 LOMA VISTA RD VENTURA, CA 93003	95-6000944	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>COURT APPT SPEC ADVOCATES OF KERN COUNTY</u>							
2000 24TH ST # 130 BAKERSFIELD, CA 93301	77-0344298	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>COVENANT HOUSE CALIFORNIA</u>							
1325 N WESTERN AVE HOLLYWOOD, CA 90027	13-3391210	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>COVER THE HOMELESS MINISTRY</u>							
1332 E ORANGE DR LOS ANGELES, CA 90019	91-2094255	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>COWLITZ COUNTY GUIDANCE ASSOC</u>							
921 14TH AVE LONGVIEW, WA 98632	91-0598130	501C(3)	9,750.				CB PROGRAM SUPPORT
<u>CRISIS SUPPORT SVCS OF ALAMEDA COUNTY</u>							
6117 MLK JR WAY OAKLAND, CA 94609-1240	94-1635658	501C(3)	10,000.				TEENS FOR LIFE
<u>CSULA AUXILIARY SVCS INC</u>							
5151 STATE UNIV DR LOS ANGELES, CA 90032	95-4016653	501C(3)	9,350.				ANNUAL FUNDRAISER
<u>CSULA AUXILIARY SVCS INC</u>							
5151 STATE UNIV DR LOS ANGELES, CA 90032	95-4016653	501C(3)	25,000.				CONFERENCE SUPPORT
<u>CSULA UNIVERSITY AUXILIARY SVCS INC</u>							
5151 STATE UNIV DR LOS ANGELES, CA 90032	95-4016653	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>CULVER CITY EDUCATION FDN</u>							
PO BOX 4178 CULVER CITY, CA 90231	95-3641300	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>CURE BREAST CANCER INC</u>							
1650 RESPONSE RD 3A SACRAMENTO, CA 95815	68-0379757	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>DAILY CITY PENINSULA PARTNERSHIP COLLAB</u>							
101 LAKE MERCED BLVD DAILY CITY, CA 94015	06-1734338	501C(3)	16,370.				CB PROGRAM SUPPORT
<u>DAILY CITY PENINSULA PARTNERSHIP COLLAB</u>							
725 PRICE ST DAILY CITY, CA 94014	06-1734338	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>DARIN M CAMARENA HEALTH CENTERS</u>							
344 E 6TH ST MADERA, CA 93638	94-2503904	501C(3)	99,264.				DI INITIATIVE

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>DENTAL HEALTH FDN</u>							
520 3RD ST SUITE 108 OAKLAND, CA 94607	94-3000350	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>DENTAL HEALTH FDN</u>							
520 3RD ST SUITE 108 OAKLAND, CA 94607	94-3000350	501C(3)	167,500.				CB PROGRAM SUPPORT
<u>DESERT AIDS PROJECT AKA DAP</u>							
1695 N SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>DESERT AIDS PROJECT AKA DAP</u>							
1695 N SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>DESTINY ARTS CENTER</u>							
1000 42ND ST OAKLAND, CA 94608	94-3176726	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>DIABETES SOCIETY OF SANTA CLARA VALLEY</u>							
1165 LINCOLN AVE # 300 SAN JOSE, CA 95125	94-6098112	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>DIABETES SOCIETY OF SANTA CLARA VALLEY</u>							
1165 LINCOLN AVE # 300 SAN JOSE, CA 95125	94-6098112	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>DIABETES SOCIETY OF SANTA CLARA VALLEY</u>							
1165 LINCOLN AVE # 300 SAN JOSE, CA 95125	94-6098112	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>DIABETES SOCIETY OF SANTA CLARA VALLEY</u>							
1165 LINCOLN AVE # 300 SAN JOSE, CA 95125	94-6098112	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>DIABETIC YOUTH FDN</u>							
5167 CLAYTON RD STE F CONCORD, CA 94521	94-6003673	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>DIGITAL CLUBHOUSE NETWORK</u>							
1650 SENTER RD SAN JOSE, CA 95112	05-0492943	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>DIXON UNIFIED SCHOOL DISTRICT</u>							
180 S FIRST ST 6 DIXON, CA 95620	32-0183755	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>DOCTORS WITHOUT BORDERS USA INC</u>							
333 7TH AVE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>DOGS FOR DIABETICS</u>							
1647 WILLOW PASS RD 157 CONCORD, CA 94520	20-2250869	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>DOWNEY UNIFIED SCHOOL DISTRICT</u>							
13220 BELLFLOWER BLVD DOWNEY, CA 90242	95-6006586	GOVERNMENT	20,000.				CB PROGRAM SUPPORT

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<u>DREXEL UNIVERSITY</u>							
3201 ARCH ST # 100 PHILADELPHIA, PA 19104	23-1352630	501C(3)	20,000.				CONFERENCE SUPPORT
<u>DRUG ABUSE ALTERNATIVES CENTER</u>							
2380 PROFESSIONAL DR SANTA ROSA, CA 95403	94-1694676	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>E SAN GABRIEL VALLEY COAL FOR THE HOMELESS</u>							
1345 TURNBULL CANY RD MCNDA HGHTS, CA 91745	95-4508436	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>EARLY CHILDHOOD MENTAL HEALTH PROGRAM</u>							
4101 MACDONALD AVE RICHMOND, CA 94805	94-2883469	501C(3)	15,000.				CHILD CARE SOLUTIONS
<u>EARTH SHARE OF OREGON</u>							
PO BOX 40333 PORTLAND, OR 97240	93-1001285	501C(3)	27,797.				CB PROGRAM SUPPORT
<u>EARTH TEAM</u>							
2530 SAN PABLO AVE # L BERKELEY, CA 94702	68-0347329	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>EAST BAY LEADERSHIP FDN</u>							
1111 BROADWAY SUITE 2300 OAKLAND, CA 94607	68-0482517	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>EAST COUNTY KIDSNMOTION</u>							
3444 CHANDLER CIRCLE BAY POINT, CA 94565	41-2207708	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>EAST LA WOMENS CENTER</u>							
1255 S ATLANTIC BLVD LOS ANGELES, CA 90022	51-0204577	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>EAST OAKLAND COMMUNITY PROJECT</u>							
7515 INTERNATIONAL BLVD OAKLAND, CA 94621	94-3078181	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>EAST OAKLAND COMMUNITY PROJECT</u>							
7515 INTERNATIONAL BLVD OAKLAND, CA 94621	94-3078181	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	9,560.				ANNUAL FUNDRAISER
<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	75,000.				CB PROGRAM SUPPORT

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KAISER FOUNDATION HOSPITALS

94-1105628

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<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>EAST VALLEY COMMUNITY HEALTH CENTER</u>							
420 S GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501C(3)	12,500.				ORAL HEALTH PROGRAM
<u>EASTFIELD MING QUONG INC</u>							
251 LLEWELLYN AVE CAMPBELL, CA 95008	94-1254641	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>EATING DISORDERS RESOURCE CENTER</u>							
2085 HAMILTON AVE # 150 SAN JOSE, CA 95125	68-0616393	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>EATING DISORDERS RESOURCE CENTER</u>							
2085 HAMILTON AVE # 150 SAN JOSE, CA 95125	68-0616393	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>EDEN I&R INC</u>							
570 E ST HAYWARD, CA 94541	94-2339050	501C(3)	10,000.				ALAMEDA 212
<u>EDGEWOOD CENTER FOR CHILDREN AND FAMILIES</u>							
1801 VICENTE ST SAN FRANCISCO, CA 94116	94-1186168	501C(3)	5,376.				HOPE BALL
<u>EDUCATION FDN OF STANISLAUS COUNTY</u>							
1100 H ST MODESTO, CA 95354	94-2906392	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>EDUCATION FOR HEALTHY CHOICES</u>							
3112 O ST 4 SACRAMENTO, CA 95816	56-2486853	501C(3)	6,895.				CB PROGRAM SUPPORT
<u>EL CENTRO DE ACCION SOCIAL INC</u>							
37 E DEL MAR BLVD PASADENA, CA 91105	51-0192257	501C(3)	24,040.				ANNUAL FUNDRAISER
<u>EL CENTRO DE ACCION SOCIAL INC</u>							
37 E DEL MAR BLVD PASADENA, CA 91105	51-0192257	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>EL CENTRO DE LIBERTAD</u>							
1230 A HOPKINS REDWOOD CITY, CA 94062	94-3189174	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>EL CONCILIO OF SAN MATEO COUNTY</u>							
1419 BURLINGAME AVE# N BURLINGAME, CA 94010	94-2772110	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>EL MONTE CITY SCHOOL DISTRICT</u>							
3540 N LEXINGTON EL MONTE, CA 91731	95-6001074	GOVERNMENT	8,000.				CB PROGRAM SUPPORT
<u>EL MONTESO EL MONTE EMERG RESOURCE ASSOC</u>							
2645 LEE AVE 6 S EL MONTE, CA 91733	95-6097318	501C(3)	6,000.				CB PROGRAM SUPPORT

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<u>EL NIDO FAMILY CENTERS</u>							
10200 SEPULVEDA BLVD MISSION HILL, CA 91345	95-3186429	501C(3)	11,071.				CB PROGRAM SUPPORT
<u>EL NIDO FAMILY CENTERS</u>							
10200 SEPULVEDA BLVD MISSION HILL, CA 91345	95-3186429	501C(3)	11,701.				CB PROGRAM SUPPORT
<u>EL PROYECTO DEL BARRIO</u>							
20800 SHERMAN WAY WINNETKA, CA 91306	95-2662606	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>EL VIENTO FDN</u>							
15744 GOLDEN W ST HUNTINGTON BCH, CA 92647	33-0905269	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ELK GROVE COMMUNITY FOOD BANK SVCS</u>							
8820 ELK GROVE BLVD ELK GROVE, CA 95624	38-3664737	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ELK GROVE COMMUNITY FOOD BANK SVCS</u>							
8820 ELK GROVE BLVD ELK GROVE, CA 95624	38-3664737	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>ELK GROVE UNIFIED SCHOOL DISTRICT</u>							
9510 ELK GROVEFLORIN RD ELK GROVE, CA 95624	94-6002501	GOVERNMENT	8,000.				CB PROGRAM SUPPORT
<u>ELK GROVE UNIFIED SCHOOL DISTRICT</u>							
9510 ELK GROVEFLORIN RD ELK GROVE, CA 95624	94-6002501	GOVERNMENT	40,654.				CB PROGRAM SUPPORT
<u>ELK GROVE UNIFIED SCHOOL DISTRICT</u>							
9510 ELK GROVEFLORIN RD ELK GROVE, CA 95624	94-6002501	GOVERNMENT	41,040.				CB PROGRAM SUPPORT
<u>ELK GROVE UNIFIED SCHOOL DISTRICT</u>							
9510 ELK GROVEFLORIN RD ELK GROVE, CA 95624	94-6002501	GOVERNMENT	46,140.				CB PROGRAM SUPPORT
<u>ELK GROVE UNIFIED SCHOOL DISTRICT</u>							
9510 ELK GROVEFLORIN RD ELK GROVE, CA 95624	94-6002501	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>ELLIPSE PENINSULA AIDS SVCS</u>							
173 SOUTH BLVD SAN MATEO, CA 94402	94-3020986	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>EMERGENCY FOOD BANK</u>							
7 W SCOTTS AVE STOCKTON, CA 95203-3431	68-0002165	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>EMERG HOUSING CONSORT OF S CLARA COUNTY</u>							
2011 LITTLE ORCHARD SAN JOSE, CA 95125	94-2684272	501C(3)	25,000.				MEDICAL RESPITE PROG
<u>EMERG HOUSING CONSORT OF S CLARA COUNTY</u>							
2011 LITTLE ORCHARD SAN JOSE, CA 95125	94-2684272	501C(3)	25,000.				EMC LIFEBUILDERS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>EMERGENCY SHELTER PROGRAM INC</u>							
22634 SECOND ST 205 HAYWARD, CA 94541	94-2212241	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ENTERTAINMENT INDUSTRIES COUNCIL INC</u>							
2600 W OLIVE AVE STE 574 BURBANK, CA 91505	54-1259363	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ENTERTAINMENT INDUSTRIES COUNCIL INC</u>							
2600 W OLIVE AVE STE 574 BURBANK, CA 91505	54-1259363	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ENVIRONMENTAL STUDIES INST S CLARA UNIV</u>							
874 LAFAYETTE ST SANTA CLARA, CA 95050-4901	94-1156617	501C(3)	20,000.				WILD ZONES
<u>EPPIES GREAT RACE FDN</u>							
1260 FULTON AVE # C SACRAMENTO, CA 95825	20-2299609	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>EQUITY FDN INC</u>							
PO BOX 5696 123 NE 3RD PORTLAND, OR 97232	93-1012688	501C(3)	19,272.				CB PROGRAM SUPPORT
<u>ESPERANZA COMMUNITY HOUSING CORP</u>							
2337 S FIGUEROA ST LOS ANGELES, CA 90007	95-4230345	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ESPERANZA COMMUNITY HOUSING CORP</u>							
2337 S FIGUEROA ST LOS ANGELES, CA 90007	95-4230345	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>ESPERANZA COMMUNITY HOUSING CORP</u>							
2337 S FIGUEROA ST LOS ANGELES, CA 90007	95-4230345	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>EVANGELICAL LUTHERAN CHURCH IN AMERICA</u>							
210 FOURTH ST SUITE B PETALUMA, CA 94952	94-2453281	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>EXCEPTIONAL PARENTS UNLIMITED</u>							
4440 N FIRST ST FRESNO, CA 93726	77-0263702	501C(3)	21,525.				CB PROGRAM SUPPORT
<u>EXPLORIT SCIENCE CENTER</u>							
2801 2ND ST DAVIS, CA 95618	68-0010584	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>EXPLORIT SCIENCE CENTER</u>							
2801 2ND ST DAVIS, CA 95618	68-0010584	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>FACE TO FACE SONOMA COUNTY AIDS</u>							
873 SECOND ST SANTA ROSA, CA 95404-4621	68-0052654	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>FAITH IN ACTION</u>							
3303 WHITEMARSH LANE FAIRFIELD, CA 94534	68-0431992	501C(3)	10,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

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<u>FAITH IN ACTION</u>							
3303 WHITEMARSH LANE FAIRFIELD, CA 94534	68-0431992	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>FAMILIAS UNIDAS DESAROLLO FAMILIA INC</u>							
205 39TH ST RICHMOND, CA 94805	94-2751073	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FAMILIES FORWARD</u>							
9221 IRVINE BLVD IRVINE, CA 92618	33-0086043	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FAMILY AND CHILDREN SVCS</u>							
375 CAMBRIDGE AVE PALO ALTO, CA 94306	94-1167408	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>FAMILY EMERGENCY SHELTER COALITION FESCO</u>							
21455 BIRCH ST 5 HAYWARD, CA 94541	94-3029991	501C(3)	13,000.				CB PROGRAM SUPPORT
<u>FAMILY HEALTH CENTERS OF SAN DIEGO INC</u>							
823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>FAMILY HEALTH CENTERS OF SAN DIEGO INC</u>							
823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>FAMILY HEALTH CENTERS OF SAN DIEGO INC</u>							
823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>FAMILY SUCCESS BY DESIGN INC</u>							
174 W FOOTHILL BLVD 191 MONROVIA, CA 91016	20-4581006	501C(3)	10,000.				CONFERENCE SUPPORT
<u>FAMILY SVC AGENCY OF MARIN COUNTY</u>							
555 NORTHGATE DR SAN RAFAEL, CA 94903-6818	94-1196788	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>FAMILY SVC AGENCY OF SAN BERNARDINO</u>							
1669 NORTH E ST SAN BERNARDINO, CA 92405	95-1641436	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FAMILY SVC AGENCY OF SAN MATEO COUNTY INC</u>							
24 SECOND AVE SAN MATEO, CA 94401	94-1186169	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>FAMILY SVC AGENCY OF SONOMA COUNTY INC</u>							
751 LOMBARDI COURT # C SANTA ROSA, CA 95407	94-1617635	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>FAMILY SVC ASSOC OF REDLANDS</u>							
612 LAWTON ST REDLANDS, CA 92374	95-1655614	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>FAMILY SVC OF LONG BEACH</u>							
5500 E ATHERTON ST#316 LONG BEACH, CA 90815	95-1644003	501C(3)	16,075.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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2008

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Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>FAMILY SVC OF NAPA VALLEY</u> 709 FRANKLIN ST NAPA, CA 94559-2920	94-1236934	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FAMILY VIOLENCE LAW CENTER</u> PO BOX 22009 OAKLAND, CA 94623-2009	94-2527939	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FAMILY VIOLENCE PREVENTION FUND</u> 383 RHODE ISLAND ST SAN FRANCISCO, CA 94103	94-3110973	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FUN & FRIENDS OF THE S CLARA CITY LIBRARY</u> 2635 HOMESTEAD RD SANTA CLARA, CA 95051	91-2125234	501C(3)	12,500.				CB PROGRAM SUPPORT
<u>FDN FOR CHILDRENS DENTAL HEALTH INC</u> 27943 SECO CANYON RD ST CLARITA, CA 91350	95-4416705	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FDN FOR CHILDRENS DENTAL HEALTH INC</u> 27943 SECO CANYON RD ST CLARITA, CA 91350	95-4416705	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>FDN FOR THE CSU SAN BERNARDINO</u> 5500 UNIVERSITY PKWY S BERNARDINO, CA 92407	95-6067343	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FOLKTIME INC</u> 4837 NE COUCH ST PORTLAND, OR 97213	93-1222522	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT</u> 909 MORMON ST FOLSOM, CA 95630-2412	94-6002505	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>FOOD BANK OF CONTRA COSTA AND SOLANO</u> 4010 NELSON AVE CONCORD, CA 94520	94-2418054	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>FOOD FOR THOUGHT</u> PO BOX 1608 FORESTVILLE, CA 95436-1357	68-0181095	501C(3)	10,000.				CHILDRENS PANTRY
<u>FOOD INC</u> 3403 E CENTRAL AVE FRESNO, CA 93725	77-0320851	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>FOOD SHARE INC</u> 4156 SOUTHBANK RD OXNARD, CA 93036	77-0018162	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FOOD SHARE INC</u> 4156 SOUTHBANK RD OXNARD, CA 93036	77-0018162	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FOOTHILL AIDS PROJECT</u> 233 W HARRISON AVE CLAREMONT, CA 91711	33-0341665	501C(3)	10,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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FOOTHILL FAMILY SHELTER INC 1501 W NINTH ST SUITE D UPLAND, CA 91786	33-0341818	501C(3)	10,000.				CB PROGRAM SUPPORT
FOOTHILL FAMILY SVC 2500 E FOOTHILL BLVD#300 PASADENA, CA 91107	95-1690990	501C(3)	8,000.				CB PROGRAM SUPPORT
FOWLER HIGH SCHOOL 701 E MAIN ST FOWLER, CA 93625-2423	77-0559743	GOVERNMENT	5,760.				CB PROGRAM SUPPORT
FRATERNITY HOUSE INC 20702 ELFIN FOREST RD ESCONDIDO, CA 92029	33-0306861	501C(3)	7,000.				CB PROGRAM SUPPORT
FRED FINCH CHILDRENS HOME INC 3800 COOLIDGE AVE OAKLAND, CA 94602	94-0474080	501C(3)	10,000.				CB PROGRAM SUPPORT
FREE CLINIC OF SIMI VALLEY 2060 TAPO ST SIMI VALLEY, CA 93063	23-7108154	501C(3)	7,500.				CB PROGRAM SUPPORT
FREE CLINIC OF SIMI VALLEY 2060 TAPO ST SIMI VALLEY, CA 93063	23-7108154	501C(3)	7,500.				CB PROGRAM SUPPORT
FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON ST VANCOUVER, WA 98661	91-1707542	501C(3)	7,000.				CB PROGRAM SUPPORT
FRESH APPROACH 5056 COMMERCIAL CIRCLE# E CONCORD, CA 94520	26-2438206	501C(3)	85,000.				CB PROGRAM SUPPORT
FRESNO COUNTY ECONOMIC OPPORTUNITIES COMM 2336 CALAVERAS ST FRESNO, CA 93721	94-1606519	501C(3)	20,000.				CB PROGRAM SUPPORT
FRESNO COUNTY ECONOMIC OPPORTUNITIES COMM 2336 CALAVERAS ST FRESNO, CA 93721	94-1606519	501C(3)	20,000.				CB PROGRAM SUPPORT
FRESNO COUNTY OFFICE OF EDUCATION 1111 VAN NESS AVE FRESNO, CA 93721	94-6002210	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
FRESNO COUNTY OFFICE OF EDUCATION 1111 VAN NESS AVE FRESNO, CA 93721	94-6002210	GOVERNMENT	30,000.				CB PROGRAM SUPPORT
FRESNO COUNTY OFFICE OF EDUCATION 1111 VAN NESS AVE FRESNO, CA 93721	94-6002210	GOVERNMENT	30,000.				CB PROGRAM SUPPORT
FRESNO HEALTHY COMMUNITIES ACCESS PARTNERS 2043 DIVISADERO ST FRESNO, CA 93701	20-4210175	501C(3)	20,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

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KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>FRESNO HEALTHY COMMUNITIES ACCESS PARTNERS</u>							
2043 DIVISADERO ST FRESNO, CA 93701	20-4210175	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>FRESNO HEALTHY COMMUNITIES ACCESS PARTNERS</u>							
2043 DIVISADERO ST FRESNO, CA 93701	20-4210175	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>FRESNO PHILHARMONIC ASSOC</u>							
2377 W SHAW AVE SUITE 101 FRESNO, CA 93711	94-1309738	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>FRESNO UNIFIED SCHOOL DISTRICT</u>							
2309 TULARE ST FRESNO, CA 93721	94-6002206	GOVERNMENT	30,000.				CB PROGRAM SUPPORT
<u>FRIENDS OF CHILDREN WITH SPECIAL NEEDS</u>							
2300 PERALTA BLVD FREMONT, CA 94539	77-0446853	501C(3)	19,000.				CB PROGRAM SUPPORT
<u>FRIENDS OF THE LA FREE CLINIC</u>							
8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-3433824	501C(3)	14,000.				CB PROGRAM SUPPORT
<u>FRIENDS OF THE SAN FRANCISCO HEALTH</u>							
41 SUTTER ST # 1673 SAN FRANCISCO, CA 94104	94-3117093	501C(3)	36,470.				CB PROGRAM SUPPORT
<u>FRITE INSTITUTE</u>							
50 FREMONT ST# 1150 SAN FRANCISCO, CA 94105	74-3026536	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>GARDNER FAMILY HEALTH NETWORK INC</u>							
55 E JULIAN ST SAN JOSE, CA 95112-4007	94-1743078	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER</u>							
1891 EFFIE ST LOS ANGELES, CA 90026	95-1691011	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER</u>							
1891 EFFIE ST LOS ANGELES, CA 90026	95-1691011	501C(3)	135,000.				CB PROGRAM SUPPORT
<u>GEORGE WASHINGTON UNIVERSITY</u>							
2175 K ST STE 700 WASHINGTON, DC 20037	53-0196584	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>GEORGE WASHINGTON UNIVERSITY</u>							
2175 K ST STE 700 WASHINGTON, DC 20037	53-0196584	GOVERNMENT	50,000.				CONFERENCE SUPPORT
<u>GIFTS TO SHARE INC</u>							
915 I ST 5TH FLOOR SACRAMENTO, CA 95814	94-2985546	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>GIRL SCOUTS OF SF BAY AREA</u>							
7700 EDGEWATER DR # 340 OAKLAND, CA 94621	94-1551410	501C(3)	33,500.				CB PROGRAM SUPPORT

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<u>GIRLS FOR A CHANGE</u>							
5301 STEVENS CREEK BLVD S CLARA, CA 95051	26-0035835	501C(3)	25,000.				GIRLS FOR A CHANGE
<u>GIRLS INC OF ORANGE COUNTY</u>							
1815 ANAHEIM AVE COSTA MESA, CA 92627	95-1810150	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>GIRLS INCORPORATED OF ALAMEDA COUNTY</u>							
13666 E 14TH ST SAN LEANDRO, CA 94578	94-1558073	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>GIRLS INCORPORATED OF ALAMEDA COUNTY</u>							
13666 E 14TH ST SAN LEANDRO, CA 94578	94-1558073	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>GIVE EVERY CHILD A CHANCE</u>							
322 SUN WEST PLACE MANTECA, CA 95337	68-0399384	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>GIVING BACK HOPE</u>							
PO BOX 31337 LOS ANGELES, CA 90031	43-2060726	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>GLENDALE HEALTHY KIDS</u>							
223 N JACKSON ST B 17 GLENDALE, CA 91206	95-4487466	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>GLIDE MEMORIAL UNITED METHODIST CHURCH</u>							
330 ELLIS ST # 418 SAN FRANCISCO, CA 94102	94-1156481	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>GLOBAL HEALTH EDUCATION CONSORTIUM</u>							
305 W BROADWAY 332 NEW YORK, NY 10013	94-3175750	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>GOLDEN STATE WARRIORS FDN</u>							
1011 BROADWAY 94607 OAKLAND, CA 94607	94-3253780	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>GOLDEN VALLEY HEALTH CENTERS</u>							
737 W CHILDS AVE MERCED, CA 95340-6805	94-2196086	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>GOLDEN VALLEY HEALTH CENTERS</u>							
737 W CHILDS AVE MERCED, CA 95340-6805	94-2196086	501C(3)	99,994.				QI INITIATIVE
<u>GOODWILL INDUSTRIES OF ORANGE COUNTY CA</u>							
410 N FAIRVIEW SANTA ANA, CA 92703	95-1644018	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>GREATER SAN JOSE AFTER SCHOOL ALL STARS</u>							
855 LENZEN AVE # 111 SAN JOSE, CA 95126	77-0441284	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>GROSSMONTCUYAMACA COMM COLL DISTRICT AUX</u>							
8800 GROSSMONT CIGE DR EL CAJON, CA 92020	33-0905402	501C(3)	75,000.				CB PROGRAM SUPPORT

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<u>GROUP HEALTH COOPERATIVE</u>							
1730 MINOR AVE SUITE 1600 SEATTLE, WA 98101	91-0511770	501C(3)	30,360.				CB PROGRAM SUPPORT
<u>GROUP HEALTH COOPERATIVE</u>							
1730 MINOR AVE SUITE 1600 SEATTLE, WA 98101	91-0511770	501C(3)	223,112.				CB PROGRAM SUPPORT
<u>H STREET CLINIC</u>							
1329 NORTH H ST SAN BERNARDINO, CA 92405	20-8191393	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>HABITAT FOR HUMANITY FRESNO COUNTY</u>							
2219 SAN JOAQUIN FRESNO, CA 93721	77-0076649	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>HABITAT FOR HUMANITY STANISLAUS</u>							
630 KEARNEY AVE MODESTO, CA 95354	77-0233512	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>HAMBURGER HOME</u>							
7120 FRANKLIN AVE LOS ANGELES, CA 90046	95-1693616	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>HARBOR COMMUNITY CLINIC</u>							
593 N 6TH ST SAN PEDRO, CA 90731	23-7103245	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>HARRIETT BUNAI CENTER FOR FAMILY LAW</u>							
3250 WILSHIRE BLVD LOS ANGELES, CA 90010	95-3943493	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>HATHAWAYSCAMORES CHILD AND FAMILY SVCS</u>							
210 S DELACEY AVE # 110 PASADENA, CA 91105	95-1691005	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>HAVEN WOMENS CENTER OF STANISLAUS</u>							
619 13TH ST SUITE I MODESTO, CA 95354-2455	94-2499361	501C(3)	16,692.				CB PROGRAM SUPPORT
<u>HAYWARD AREA RECREATION AND PARK DISTRICT</u>							
1099 E ST HAYWARD, CA 94541	94-6000728	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSP</u>							
27200 CALAROGA AVE HAYWARD, CA 94545	94-1668344	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>HC2 THE HEALTHY COMMUNITY CONSORTIUM</u>							
200 DOUGLAS ST PETALUMA, CA 94952	68-0475211	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>HEALTH DEPT OF SAN MATEO COUNTY</u>							
225 37TH AVE SAN MATEO, CA 94403	94-6000532	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
<u>HEALTH INITIATIVES FOR YOUTH INC</u>							
3850 17TH ST SAN FRANCISCO, CA 94114	94-3162876	501C(3)	10,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

Kaiser Foundation Hospitals

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>HEALTH PLAN OF SAN JOAQUIN</u>							
7751 S MANTHEY RD FRENCH CAMP, CA 95231	68-0355833	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
<u>HEALTH PLAN OF SAN JOAQUIN</u>							
7751 S MANTHEY RD FRENCH CAMP, CA 95231	68-0355833	GOVERNMENT	45,118.				CB PROGRAM SUPPORT
<u>HEALTH PLAN OF SAN JOAQUIN</u>							
7751 S MANTHEY RD FRENCH CAMP, CA 95231	68-0355833	GOVERNMENT	300,000.				CB PROGRAM SUPPORT
<u>HEALTH RESEARCH & EDUCATIONAL TRUST</u>							
1 N FRANKLIN CHICAGO, IL 60606	36-2203931	501C(3)	10,000.				CONFERENCE SUPPORT
<u>HEALTH RESEARCH ASSOC INC</u>							
1640 MARENGO ST LOS ANGELES, CA 90033	95-1683862	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>HEALTH RESEARCH ASSOC INC</u>							
1640 MARENGO ST LOS ANGELES, CA 90033	95-1683862	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>HEALTH RESEARCH ASSOC INC</u>							
1640 MARENGO ST LOS ANGELES, CA 90033	95-1683862	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>HEALTHY AFRICAN AMERICAN FAMILIES</u>							
3756 SANTA ROSALIA DR LOS ANGELES, CA 90008	95-4872179	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>HEALTHY AGING ASSOC</u>							
121 DOWNEY AVE SUITE 102 MODESTO, CA 95354	77-0546574	501C(3)	35,000.				CB PROGRAM SUPPORT
<u>HEALTHY MOMS AND BABIES</u>							
1141 PEAR TREE LANE # 220 NAPA, CA 94558	68-0213324	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>HEALTHY SMILES MOBILE DENTAL FDN</u>							
1275 W SHAW 101 FRESNO, CA 93711	77-0530538	501C(3)	35,920.				CB PROGRAM SUPPORT
<u>HEART TOUCH PROJECT</u>							
3400 AIRPORT AVE 42 SANTA MONICA, CA 90405	95-4529022	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>HELPLINE YOUTH COUNSELING</u>							
12440 E FIRESTONE BLVD NORWALK, CA 90806	23-7113824	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>HELPLINE YOUTH COUNSELING</u>							
12440 E FIRESTONE BLVD NORWALK, CA 90806	23-7113824	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>HISPANAS ORGANIZED FOR POL EQUALITY CA</u>							
634 S SPRING ST # 920 LOS ANGELES, CA 90014	95-4718409	501C(3)	25,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>HISPANAS ORGANIZED FOR POL EQUALITY CA</u>							
634 S SPRING ST # 920 LOS ANGELES, CA 90014	95-4718409	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>HISPANAS ORGANIZED FOR POL EQUALITY CA</u>							
634 S SPRING ST # 920 LOS ANGELES, CA 90014	95-4718409	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>HISPANIC COLLEGE FUND INC</u>							
1717 PENNSYLVANIA AVE NW WSHNGTN, DC 20006	52-1809680	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>HIV & AIDS LEGAL SVCS ALLIANCE INC</u>							
3550 WILSHIRE BLVD LOS ANGELES, CA 90010	91-2143326	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>HMONG WOMENS HERITAGE ASSOC</u>							
2251 FLORIN RD STE 104 SACRAMENTO, CA 95822	68-0350323	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>HOLLYWOOD ARTS</u>							
4303 W 1ST ST LOS ANGELES, CA 90004	33-1130887	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>HOLLYWOOD SUNSET FREE CLINIC</u>							
3324 SUNSET BLVD LOS ANGELES, CA 90026	23-7074488	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>HOLY FAMILY DAY HOMES OF SF</u>							
299 DOLORES ST SAN FRANCISCO, CA 94103	94-1156492	501C(3)	136,155.				CB PROGRAM SUPPORT
<u>HOMEBOY INDUSTRIES</u>							
130 W BRUNO ST LOS ANGELES, CA 90002	95-4800735	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>HOMEBOY INDUSTRIES</u>							
130 W BRUNO ST LOS ANGELES, CA 90002	95-4800735	501C(3)	9,100.				CB PROGRAM SUPPORT
<u>HOMELESS HEALTH CARE LOS ANGELES</u>							
2330 BEVERLY BLVD LOS ANGELES, CA 90057	95-4074970	501C(3)	25,000.				CONFERENCE SUPPORT
<u>HOMEWARD BOUND OF MARIN</u>							
1385 N HAMILTON PKWY NOVATO, CA 94949	68-0011405	501C(3)	156,612.				CB PROGRAM SUPPORT
<u>HORN OF AFRICA COMMUNITY IN NORTH AMERICA</u>							
5296 UNIVERSITY AVE # F SAN DIEGO, CA 92105	33-0696380	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>HOSPITA FDN</u>							
17 E SIR FRANCES DRAKE BLVD SUITE 100	23-7425536	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>HOSPICE OF SAN JOAQUIN</u>							
3888 PACIFIC AVE STOCKTON, CA 95204	94-2777980	501C(3)	50,000.				CB PROGRAM SUPPORT

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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HOSPITAL CHAPLAINS MINISTRY ASSOC 377 E CHAPMAN AVE # 260 PLACENTIA, CA 92870	23-7172075	501C(3)	10,000.				CONFERENCE SUPPORT
HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CA 1215 K ST SUITE 730 SACRAMENTO, CA 94115	94-1533644	501C(3)	7,000.				CB PROGRAM SUPPORT
HUCKLEBERRY YOUTH PROGRAMS INC 361 THIRD ST SUITE 5 SAN RAFAEL, CA 94901	94-1687559	501C(3)	10,000.				CB PROGRAM SUPPORT
HUGHSON FAMILY RESOURCE CENTER INC 2413 3RD ST HUGHSON, CA 95326	87-0729778	501C(3)	50,000.				CB PROGRAM SUPPORT
HUMAN OPTIONS INC 5540 TRABUCO RD STE 100 IRVINE, CA 92620	95-3667817	501C(3)	9,000.				CB PROGRAM SUPPORT
IMPERIAL BEACH HEALTH CENTER 949 PALM AVE IMPERIAL BEACH, CA 91932	23-7209592	501C(3)	31,398.				CB PROGRAM SUPPORT
INCIGHT COMPANY 310 SW 4TH AVE SUITE 530 PORTLAND, OR 97204	93-1985190	501C(3)	15,000.				CB PROGRAM SUPPORT
INDIAN HEALTH CENTER OF S CLARA VALLEY 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501C(3)	7,500.				CB PROGRAM SUPPORT
INGLEWOOD AFTER SCHOOL RECREATION CORP ONE MANCHESTER BLVD INGLEWOOD, CA 90301	95-3775589	501C(3)	8,000.				CB PROGRAM SUPPORT
INLAND BEHAVIORAL AND HEALTH SVCS INC 1963 NORTH E ST SAN BERNARDINO, CA 92405	95-3246624	501C(3)	10,000.				CB PROGRAM SUPPORT
INLAND BEHAVIORAL AND HEALTH SVCS INC 1963 NORTH E ST SAN BERNARDINO, CA 92405	95-3246624	501C(3)	15,000.				CB PROGRAM SUPPORT
INLAND BEHAVIORAL AND HEALTH SVCS INC 1963 NORTH E ST SAN BERNARDINO, CA 92405	95-3246624	501C(3)	80,000.				CB PROGRAM SUPPORT
INLAND BEHAVIORAL AND HEALTH SVCS INC 1963 NORTH E ST SAN BERNARDINO, CA 92405	95-3246624	501C(3)	10,000.				PLANNING GRANT
INLAND CONGREGATIONS UNITED FOR CHANGE 1441 NORTH D ST SAN BERNARDINO, CA 92405	33-0480298	501C(3)	50,000.				CB PROGRAM SUPPORT
INLAND WELLNESS INFORMATION NETWORK 3993 JURUPA AVE RIVERSIDE, CA 92506	23-7197052	501C(3)	25,000.				CB PROGRAM SUPPORT

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>INMED PARTNERSHIPS FOR CHILDREN</u>							
409 E PALMER ST COMPTON, CA 90221	52-1482339	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>INNER CITY LAW CENTER</u>							
1309 E SEVENTH ST LOS ANGELES, CA 90021	95-3697572	501C(3)	7,090.				ANNUAL FUNDRAISER
<u>INNVISION THE WAY HOME</u>							
974 WILLOW ST SAN JOSE, CA 95125-2344	77-0033628	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>INROADS SOUTHERN CALIFORNIA</u>							
12070 TELEGRAPH RD ST FB SPRINGS, CA 90670	43-1348351	501C(3)	18,800.				ANNUAL FUNDRAISER
<u>INSIDE OUT COMMUNITY ARTS INC</u>							
2210 LINCOLN BLVD VENICE, CA 90291	95-4647876	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>INSTITUTE FOR COMMUNITY PEACE</u>							
725 6TH ST SE WASHINGTON, DC 20003	52-1943852	501C(3)	20,000.				CONFERENCE SUPPORT
<u>INSTITUTE FOR HEALTHCARE ADVANCEMENT</u>							
501 S IDAHO ST 300 LA HABRA, CA 90631	33-0483197	501C(3)	15,000.				CONFERENCE SUPPORT
<u>INSTITUTO FAMILIAR DE LA RAZA INC</u>							
2919 MISSION ST SAN FRANCISCO, CA 94110	94-2523608	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>INTERCOMMUNITY CHILD GUIDANCE CENTER</u>							
9845 PAINTER AVE SUITE B WHITTIER, CA 90603	95-2031148	501C(3)	10,000.				GROWING UP SAFE
<u>INTERFAITH COUNCIL OF SOLANO COUNTY</u>							
724 OHIO ST FAIRFIELD, CA 94533-6236	68-0440432	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>INTERNATIONAL RESCUE COMMITTEE INC</u>							
5348 UNIVERSITY AVE SAN DIEGO, CA 92105	13-5660870	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>INTERNATIONAL RESCUE COMMITTEE INC</u>							
5348 UNIVERSITY AVE SAN DIEGO, CA 92105	13-5660870	501C(3)	32,000.				CB PROGRAM SUPPORT
<u>IRVINE COMMUNITY ALLIANCE FUND</u>							
1 CIVIC CENTER PLAZA IRVINE, CA 92623	33-0258368	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>IRVINE PUBLIC SCHOOLS FDN</u>							
18552 MACARTHUR BLVD # 200 IRVINE, CA 92612	33-0733191	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ISAIAH HOUSE</u>							
31891 PASEO LA BRANZA SJ CAPSTRNO, CA 92675	20-2048636	501C(3)	10,000.				CB PROGRAM SUPPORT

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<u>J F SHEA THERAPEUTIC RIDING CENTER INC</u>							
26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	95-3351363	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JA WORLDWIDE</u>							
3003 OAK RD # 109 WALNUT CREEK, CA 94597	94-1322179	501C(3)	70,000.				CB PROGRAM SUPPORT
<u>JACOBS CENTER FOR NEIGHBORHOOD INNOVATION</u>							
5160 FEDERAL BLVD SAN DIEGO, CA 92105	33-0683658	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JANUS YOUTH PROGRAMS INC</u>							
707 NE COUCH ST PORTLAND, OR 97232	23-7345990	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>JEFFERSON UNION HIGH SCHOOL DISTRICT</u>							
2780 JUNIPERO SERRA BLVD DALY CTY, CA 94015	94-3083772	GOVERNMENT	11,967.				CB PROGRAM SUPPORT
<u>JEWISH FAMILY & CHILDRENS SVCS OF THE EAST</u>							
2484 SHATTUCK AVE # 210 BERKELEY, CA 94704	94-3250304	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>JEWISH FAMILY AND CHILDRENS SVCS</u>							
3801 E WILLOW ST LONG BEACH, CA 90815	952273033	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>JEWISH FAMILY SVC ASSOCIATES</u>							
3801 E WILLOW ST LONG BEACH, CA 90815	95-2273033	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JEWISH FAMILY SVC OF SILICON VALLEY</u>							
14855 OKA RD SUITE 202 LOS GATOS, CA 95032	94-2536452	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JEWISH FAMILY SVCS OF LA</u>							
6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1691013	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>JL DAVIS FAMILY RESOURCE CENTER</u>							
22584 S GARDEN AVE HAYWARD, CA 94541	02-0750721	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>JL DAVIS FAMILY SVCS CENTER</u>							
22584 S GARDEN AVE HAYWARD, CA 94541	02-0750721	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>JOHN TRACY CLINIC</u>							
806 W ADAMS BLVD LOS ANGELES, CA 90007	95-1642393	501C(3)	125,000.				CB PROGRAM SUPPORT
<u>JOIN A CENTER FOR INVOLVEMENT</u>							
3338 SE 17TH AVE PORTLAND, OR 97202	93-1090005	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>JOINT EFFORTS INC</u>							
505 S PACIFIC AVE # 205 SAN PEDRO, CA 90731	95-2650124	501C(3)	9,500.				CB PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>JUBILEE CONSORTIUM</u>							
6128 YUCCA ST LOS ANGELES, CA 90028	26-0050513	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>JUVENILES AT RISK CO ANTIOCH PROGR BAPTIST</u>							
7650 AMHERST ST SACRAMENTO, CA 95832	68-0469583	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>JWCH INSTITUTE INC</u>							
1910 W SUNSET BLVD LOS ANGELES, CA 90026	95-2289916	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JWCH INSTITUTE INC</u>							
1910 W SUNSET BLVD LOS ANGELES, CA 90026	95-2289916	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>JWCH INSTITUTE INC</u>							
1910 W SUNSET BLVD LOS ANGELES, CA 90026	95-2289916	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>JWCH INSTITUTE INC</u>							
1910 W SUNSET BLVD LOS ANGELES, CA 90026	95-2289916	501C(3)	14,350.				CB PROGRAM SUPPORT
<u>KERN COUNTY DEPT OF PUBLIC HEALTH</u>							
1800 MT VERNON AVE BAKERSFIELD, CA 93306	95-6000925	GOVERNMENT	40,000.				CB PROGRAM SUPPORT
<u>KERN COUNTY NETWORK FOR CHILDREN</u>							
1300 17TH ST BAKERSFIELD, CA 93301	33-0552738	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>KERN RIVER VALLEY SENIOR CITIZENS CENTER</u>							
6409 LK ISABELLA RD LAKE ISABELLA, CA 93240	95-3740281	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>KIDANGO</u>							
4533 MATOS DR FREMONT, CA 94536	94-2581686	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>KIDPOWER TEENPOWER FULLPOWER SILICON VALLEY</u>							
987 FREMONT AVE LOS ALTOS, CA 94024-6098	77-0226712	501C(3)	12,500.				CB PROGRAM SUPPORT
<u>KIDS BREAKFAST CLUB TRBC</u>							
22542 SECOND ST HAYWARD, CA 94541	94-3273619	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>KIDS COME FIRST COMMUNITY CLINIC</u>							
1501A S BON VIEW AVE ONTARIO, CA 91761	33-0969025	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>KIDS COMMUNITY CLINIC OF BURBANK</u>							
321 E MAGNOLIA BLVD BURBANK, CA 91502	95-4791296	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>KIDS IN COMMON</u>							
1605 THE ALAMEDA SAN JOSE, CA 95126	77-0230821	501C(3)	7,335.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>KIDS R STARS INC</u>							
<u>7375 JACKSON DR SAN DIEGO, CA 92119</u>	550808214	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>KONA HOSPITAL FDN</u>							
<u>791019 HAKAPILA ST KEALAKEKUA, HI 96750</u>	99-0233964	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>KORBAN RESOURCE CENTER</u>							
<u>900 S CRENSHAW BLVD LOS ANGELES, CA 90019</u>	95-3879699	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>KORRATOWN YOUTH AND COMMUNITY CENTER INC</u>							
<u>3727 W 6TH ST # 300 LOS ANGELES, CA 90020</u>	95-3779389	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>KQED INC</u>							
<u>2601 MARIPOSA ST SAN FRANCISCO, CA 94110</u>	94-1241309	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>LA BETTER EDUCATION STUDENTS FOR TOMORROW</u>							
<u>200 N SPRING ST LOS ANGELES, CA 90012</u>	95-4311058	501C(3)	9,650.				CB PROGRAM SUPPORT
<u>LA BIOMEDICAL RESEARCH INST AT HARBORUCLA</u>							
<u>1124 W CARSON ST TORRANCE, CA 90502</u>	95-2138184	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>LA CASA DE LAS MADRES</u>							
<u>1850 MISSION ST # B SAN FRANCISCO, CA 94103</u>	94-2330864	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>LA CHRISTIAN HEALTH CENTER</u>							
<u>311 E BROADWAY ANAHEIM, CA 92805</u>	95-4315734	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	9,479.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
<u>1515 FRUITVALE AVE OAKLAND, CA 94601</u>	94-1744108	501C(3)	40,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>LA CLINICA DE LA RAZA</u>							
1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>LA CLINICA DE LA RAZA</u>							
1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501C(3)	100,000.				QI INITIATIVE
<u>LA COALITION TO END HUNGER & HOMELESSNESS</u>							
2500 WILSHIRE BLVD LOS ANGELES, CA 90057	95-4304629	501C(3)	9,250.				ANNUAL FUNDRAISER
<u>LA COALITION TO END HUNGER & HOMELESSNESS</u>							
2500 WILSHIRE BLVD LOS ANGELES, CA 90057	95-4304629	501C(3)	19,250.				CB PROGRAM SUPPORT
<u>LA MAESTRA FAMILY CLINIC INC</u>							
4185 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501C(3)	38,403.				CB PROGRAM SUPPORT
<u>LA MAESTRA FAMILY CLINIC INC</u>							
4185 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501C(3)	500,000.				CB PROGRAM SUPPORT
<u>LABORS TRAINING & COMMUNITY DEVELOPMENT</u>							
4265 FAIRMOUNT AVE# 210 SAN DIEGO, CA 92105	95-6116389	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>LACER AFTERSCHOOL PROGRAMS</u>							
1718 N CHEROKEE AVE # A HOLLYWOOD, CA 90028	95-3890819	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LACER AFTERSCHOOL PROGRAMS</u>							
1718 N CHEROKEE AVE # A HOLLYWOOD, CA 90028	95-3890819	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>LADIES FIRST & IL HYPE DANCE DRILL & GOSPEL</u>							
11150 GLENOAKS BLVD UNIT 13	48-1274313	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LAGUNA BEACH COMMUNITY CLINIC</u>							
362 THIRD ST LAGUNA BEACH, CA 92651	95-2637633	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LAGUNA BEACH SENIORS INC</u>							
384 LEGION ST LAGUNA BEACH, CA 92651	95-2983350	501C(3)	7,500.				LIFELONG U PROGRAM
<u>LAMP INC</u>							
527 CROCKER ST LOS ANGELES, CA 90013	95-3993742	501C(3)	99,000.				CB PROGRAM SUPPORT
<u>LAO KHMU ASSOC</u>							
1044 N EL DORADO ST STOCKTON, CA 95202	68-0015780	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>LARKIN STREET YOUTH SVCS</u>							
701 SUTTER ST # 2 SAN FRANCISCO, CA 94109	94-2917999	501C(3)	9,350.				PAVING THE WAY

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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LARRY KING CARDIAC FDN 15720 CRABBS BRANCH WAY ROCKVILLE, MD 20855	52-1563547	501C(3)	9,090.				ANNUAL FUNDRAISER
LATINA BREAST CANCER AGENCY 6 MONTEREY BLVD SAN FRANCISCO, CA 94131	01-0628124	501C(3)	25,000.				CB PROGRAM SUPPORT
LATINAS CONTRA CANCER 127 N 4TH ST SUITE B SAN JOSE, CA 95112	56-2412069	501C(3)	18,333.				CB PROGRAM SUPPORT
LATINAS CONTRA CANCER 127 N 4TH ST SUITE B SAN JOSE, CA 95112	56-2412069	501C(3)	8,333.				CONFERENCE SUPPORT
LATINO CENTER FOR PREVENTION & ACTION 1701 N MAIN ST # 200 SANTA ANA, CA 92706	33-0562943	501C(3)	35,000.				CB PROGRAM SUPPORT
LATINO COMMUNITY FDN 225 BUSH ST # 500 SAN FRANCISCO, CA 94101	81-0564400	501C(3)	9,350.				CB PROGRAM SUPPORT
LATINO COMMUNITY FDN 225 BUSH ST # 500 SAN FRANCISCO, CA 94101	81-0564400	501C(3)	100,000.				CB PROGRAM SUPPORT
LATINO DIABETES ASSOC 200 W MINES AVE 90640 MONTEBELLO, CA 90640	20-0303774	501C(3)	15,000.				CB PROGRAM SUPPORT
LAURAS HOUSE 999 CORPORATE DR LADERA RANCH, CA 92694	33-0621826	501C(3)	9,500.				CB PROGRAM SUPPORT
LAVENDER YOUTH RECREATION AND INFORMATION 127 COLLINGWOOD ST SAN FRANCISCO, CA 94114	94-3227296	501C(3)	25,000.				CB PROGRAM SUPPORT
LEADERSHIP EXCELLENCE 1924 FRANKLIN ST # 201 OAKLAND, CA 94612	33-0488726	501C(3)	15,000.				CB PROGRAM SUPPORT
LEADERSHIP EXCELLENCE 1924 FRANKLIN ST # 201 OAKLAND, CA 94612	33-0488726	501C(3)	25,000.				CB PROGRAM SUPPORT
LEROY HAYNES CENTER FOR CHILDREN AND FAMILY 233 W BASELINE LA VERNE, CA 91750	95-1506150	501C(3)	8,000.				CB PROGRAM SUPPORT
LIFE ELDERCARE INC 3300 CAPITOL AVE FREMONT, CA 94537	23-7455567	501C(3)	10,000.				CB PROGRAM SUPPORT
LIFELONG MEDICAL CARE 2344 SIXTH ST BERKELEY, CA 94710	94-2502308	501C(3)	17,500.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service
Name of the organization

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>LIFELONG MEDICAL CARE</u>							
<u>2344 SIXTH ST BERKELEY, CA 94710</u>	<u>94-2502308</u>	<u>501C(3)</u>	<u>125,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LIFELONG MEDICAL CARE</u>							
<u>2344 SIXTH ST BERKELEY, CA 94710</u>	<u>94-2502308</u>	<u>501C(3)</u>	<u>105,810.</u>				<u>QI INITIATIVE</u>
<u>LIFELONG MEDICAL CARE</u>							
<u>555 LONG WHARF DR NEW HAVEN, CT 06511</u>	<u>94-2502308</u>	<u>501C(3)</u>	<u>84,480.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LIFEWORX NW</u>							
<u>14600 NW CORNELL RD PORTLAND, OR 97229</u>	<u>93-0502822</u>	<u>501C(3)</u>	<u>6,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LIGHTHOUSE COMMUNITY CENTER</u>							
<u>1217 A ST HAYWARD, CA 94541</u>	<u>94-3367903</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LIGHTHOUSE COUNSELING & FAMILY RESOURCE CTR</u>							
<u>1530 3RD ST SUITE 111 LINCOLN, CA 95648</u>	<u>35-2252834</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LINCOLN CHILD CENTER</u>							
<u>4368 LINCOLN AVE OAKLAND, CA 94602</u>	<u>94-1156501</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LINKS FDN INC</u>							
<u>4082 SEQUOYAH RD OAKLAND, CA 94605</u>	<u>52-1170830</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LINKS FOR LIFE</u>							
<u>1706 CHESTER AVE# 200 BAKERSFIELD, CA 93301</u>	<u>93-1088003</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LITERACY NETWORK OF GREATER LA</u>							
<u>202 W 1ST ST LOS ANGELES, CA 90012</u>	<u>95-4404433</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LOAVES AND FISHES CENTER INC</u>							
<u>7710 SW 31ST AVE PORTLAND, OR 97280</u>	<u>93-0584318</u>	<u>501C(3)</u>	<u>12,300.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LOAVES AND FISHES OF CONTRA COSTA</u>							
<u>510 GARCIA AVE PITTSBURG, CA 94565</u>	<u>68-0018077</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LOCAL GOVERNMENT COMMISSION ON CONSERVATION</u>							
<u>1303 J ST SUITE 250 SACRAMENTO, CA 95814</u>	<u>94-2791699</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CONFERENCE SUPPORT</u>
<u>LODI UNIFIED SCHOOL DISTRICT</u>							
<u>1305 E VINE ST Lodi, CA 95240</u>	<u>94-1054700</u>	<u>GOVERNMENT</u>	<u>50,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>LOMA LINDA UNIVERSITY</u>							
<u>11145 ANDERSON ST LOMA LINDA, CA 92350</u>	<u>95-1815009</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>LOMI SCHOOL FDN</u>							
<u>534 B ST SANTA ROSA, CA 95401-5211</u>	94-2495238	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES ALLIANCE FOR A NEW ECONOMY</u>							
<u>464 LUCAS AVE # 202 LOS ANGELES, CA 90017</u>	95-4459427	501C(3)	8,800.				ANNUAL FUNDRAISER
<u>LOS ANGELES ALLIANCE FOR A NEW ECONOMY</u>							
<u>464 LUCAS AVE # 202 LOS ANGELES, CA 90017</u>	95-4459427	501C(3)	85,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES BROTHERHOOD CRUSADE</u>							
<u>200 E Slauson Ave LOS ANGELES, CA 90011</u>	95-2543819	501C(3)	9,180.				CB PROGRAM SUPPORT
<u>LOS ANGELES CENTER FOR LAW AND JUSTICE</u>							
<u>1241 S SOTO ST # 102 LOS ANGELES, CA 90023</u>	95-2690540	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES CHRISTIAN HEALTH CENTER</u>							
<u>311 E BROADWAY ANAHEIM, CA 92805</u>	95-4315734	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES CONSERVATION CORPS</u>							
<u>605 W OLYMPIC BLVD LOS ANGELES, CA 90015</u>	95-4002138	501C(3)	6,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES COUNTY DEPT OF HEALTH SVCS</u>							
<u>313 N FIGUEROA ST LOS ANGELES, CA 90012</u>	95-6000927	GOVERNMENT	300,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES FREE CLINIC</u>							
<u>8405 BEVERLY BLVD LOS ANGELES, CA 90048</u>	95-2539105	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES FREE CLINIC</u>							
<u>8405 BEVERLY BLVD LOS ANGELES, CA 90048</u>	95-2539105	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES GAY & LESBIAN COMMUNITY SVCS</u>							
<u>1625 N SCHRADER BLVD LOS ANGELES, CA 90028</u>	95-3567895	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES JEWISH AIDS SVCS</u>							
<u>338 N FAIRFAX LOS ANGELES, CA 90036</u>	95-4232540	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES NEIGHBORHOOD LAND TRUST</u>							
<u>315 W 9TH ST # 1002 LOS ANGELES, CA 90015</u>	38-3687836	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES ORTHOPAEDIC HOSPITAL FDN</u>							
<u>2400 S FLOWER ST LOS ANGELES, CA 90007</u>	95-1644029	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>LOS ANGELES REGIONAL FOODBANK</u>							
<u>1734 E 41ST ST LOS ANGELES, CA 90058</u>	95-3135649	501C(3)	10,000.				CONFERENCE SUPPORT

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SCHEDULE I-1
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Kaiser Foundation Hospitals

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LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY AVE LOS ANGELES, CA 90017	95-6001908	GOVERNMENT	40,000.				CB PROGRAM SUPPORT
LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY AVE LOS ANGELES, CA 90017	95-6001908	GOVERNMENT	100,000.				CB PROGRAM SUPPORT
LOS ANGELES UNIFIED SCHOOL DISTRICT 5800 S EASTERN AVE CITY OF CMRCE, CA 90040	95-6001908	GOVERNMENT	80,000.				CB PROGRAM SUPPORT
LOS ANGELES UNIFIED SCHOOL DISTRICT LAUSD 11254 GOTHIC AVE GRANADA HILLS, CA 91344	95-6001908	501C(3)	15,000.				CB PROGRAM SUPPORT
LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DR LOS ANGELES, CA 90008	95-1691288	501C(3)	9,000.				CB PROGRAM SUPPORT
LOS MEDANOS COMMUNITY HEALTHCARE DISTRICT 4549 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0484674	GOVERNMENT	20,000.				GET FIT
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE UNIV HALL LOS ANGELES, CA 90045	95-1643334	501C(3)	25,000.				CB PROGRAM SUPPORT
LUKEDORF INC 10313 SW 69TH PORTLAND, OR 97223	93-0685734	501C(3)	6,500.				CB PROGRAM SUPPORT
LUTHERAN SOCIAL SVCS OF SOUTHERN CA 2560 N SANTIAGO ORANGE, CA 92867	95-2225798	501C(3)	20,000.				CB PROGRAM SUPPORT
LYONMARTIN WOMENS HEALTH SVCS 1748 MARKET ST# 201 SAN FRANCISCO, CA 94102	94-2597707	501C(3)	20,000.				CB PROGRAM SUPPORT
LYONMARTIN WOMENS HEALTH SVCS 1748 MARKET ST# 201 SAN FRANCISCO, CA 94102	94-2597707	501C(3)	12,804.				QI INITIATIVE
MAMAS KITCHEN 1875 SECOND AVE SAN DIEGO, CA 92101	33-0434246	501C(3)	7,000.				CB PROGRAM SUPPORT
MANTECA UNIFIED SCHOOL DISTRICT 2901 E LOUISE AVE LATHROP, CA 95330	94-1054800	GOVERNMENT	26,500.				CB PROGRAM SUPPORT
MARIN ABUSED WOMENS SVCS 794 A ST SAN RAFAEL, CA 94901-3923	94-2415856	501C(3)	10,000.				CB PROGRAM SUPPORT
MARIN AIDS PROJECT 910 IRWIN ST SAN RAFAEL, CA 94901-3318	68-0072470	501C(3)	15,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN CENTER FOR INDEPENDENT LIVING 710 FOURTH ST SAN RAFAEL, CA 94901-3213	94-2605669	501C(3)	10,000.				CB PROGRAM SUPPORT
MARIN CENTER FOR SUSTAINABLE AGRICULTURE 76 SAN PABLO AVE # 200 SAN RAFAEL, CA 94903	86-1156712	501C(3)	10,000.				FARM TO FORK
MARIN COMMUNITY EDN PO BOX 8010 SAN RAFAEL, CA 94912-8010	94-3007979	501C(3)	12,500.				CB PROGRAM SUPPORT
MARIN CONSERVATION CORPS 27 LARKSPUR ST SAN RAFAEL, CA 94901	94-2831592	501C(3)	10,000.				CB PROGRAM SUPPORT
MARIN COUNTY BICYCLE COALITION 733 CENTER BLVD FAIRFAX, CA 94930-1709	68-0419394	501C(3)	7,500.				CB PROGRAM SUPPORT
MARIN COUNTY CLINIC 300 PROFESSIONAL CENTER DR NOVATO, CA 94947	94-2237120	501C(3)	300,000.				CB PROGRAM SUPPORT
MARIN COUNTY CLINIC 300 PROFESSIONAL CENTER DR NOVATO, CA 94947	94-2237120	501C(3)	250,000.				CB PROGRAM SUPPORT
MARIN COUNTY CLINIC 300 PROFESSIONAL CENTER DR NOVATO, CA 94947	94-2237120	501C(3)	102,765.				DI INITIATIVE
MARIN COUNTY OFFICE OF EDUCATION 1111 LAS GALLINAS AVE SAN RAFAEL, CA 94913	94-6022431	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
MARIN COUNTY OFFICE OF EDUCATION 1111 LAS GALLINAS AVE SAN RAFAEL, CA 94913	94-6022431	GOVERNMENT	15,000.				CB PROGRAM SUPPORT
MARIPOSA WOMEN AND FAMILY CENTER 812 W TOWN & COUNTRY RD ORANGE, CA 92868	95-3626580	501C(3)	10,000.				CB PROGRAM SUPPORT
MARJAREE MASON CENTER COMMUNITY SVC CENTER 1600 N ST FRESNO, CA 93721-1122	94-1156639	501C(3)	35,000.				CB PROGRAM SUPPORT
MARTIN LUTHER KING JR FREEDOM CENTER 333 E 8TH ST OAKLAND, CA 94606	94-3390034	501C(3)	50,000.				CB PROGRAM SUPPORT
MARYS SHELTER 18221 E 17TH STREET SANTA ANA, CA 92705	33-0203768	501C(3)	10,000.				CB PROGRAM SUPPORT
MATERNAL AND CHILD HEALTH ACCESS 1111 W SIXTH ST # 400 LOS ANGELES, CA 90017	95-4555879	501C(3)	75,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Employer identification number

94-1105628

KAISER FOUNDATION HOSPITALS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATERNAL OUTREACH MANAGEMENT SYSTEM							
1212 N BROADWAY # 212 SANTA ANA, CA 92701	33-0518078	501C(3)	9,000.				CB PROGRAM SUPPORT
MAYVIEW COMMUNITY HEALTH CENTER							
270 GRANT AVE PALO ALTO, CA 94306	94-2239648	501C(3)	20,000.				CB PROGRAM SUPPORT
MEALS OF MARIN							
3095 KERNER BLVD # Q SAN RAFAEL, CA 94901	94-3184686	501C(3)	10,000.				CB PROGRAM SUPPORT
MEALS ON WHEELS OF SF INC							
1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	94-1741155	501C(3)	10,000.				CB PROGRAM SUPPORT
MEALS ON WHEELS OF SF INC							
1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	94-1741155	501C(3)	24,500.				CB PROGRAM SUPPORT
MEALS ON WHEELS OF SOLANO COUNTY INC							
95 MARINA CENTER SUISUN, CA 94585-2522	94-2453452	501C(3)	25,000.				CB PROGRAM SUPPORT
MEDSHARE INTERNATIONAL INC							
1174 HEARST DR PLEASANTON, CA 94566	58-2433968	501C(3)	100,000.				CB PROGRAM SUPPORT
MEET EACH NEED WITH DIGNITY							
10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C(3)	15,000.				CB PROGRAM SUPPORT
MEET EACH NEED WITH DIGNITY							
10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C(3)	15,000.				CONFERENCE SUPPORT
MEET EACH NEED WITH DIGNITY							
10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C(3)	10,000.				CB PROGRAM SUPPORT
MENTAL HEALTH ASSOC OF SAN FRANCISCO							
870 MARKET ST # 928 SAN FRANCISCO, CA 94102	94-1218623	501C(3)	9,500.				ANNUAL FUNDRAISER
MENTAL HEALTH ASSOC OF SAN FRANCISCO							
870 MARKET ST # 928 SAN FRANCISCO, CA 94102	94-1218623	501C(3)	10,000.				CB PROGRAM SUPPORT
MERCY HOUSING CALIFORNIA							
1360 MISSION ST#300 SAN FRANCISCO, CA 94103	94-3081666	501C(3)	18,600.				CB PROGRAM SUPPORT
MEXICAN AMERICAN LEGAL DEFENSE AND EDUC							
634 S SPRING ST LOS ANGELES, CA 90014	74-1563270	501C(3)	24,130.				ANNUAL FUNDRAISER
MF PLACE INC							
PO BOX 3867 HOLLYWOOD, CA 90078	95-4834034	501C(3)	10,000.				ANNUAL FUNDRAISER

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>MIDPENINSULA BOYS & GIRLS CLUB INC</u>							
<u>200 N QUEBEC ST SAN MATEO, CA 94401</u>	94-1431583	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>MISSION AREA HEALTH ASSOC</u>							
<u>240 SHOTWELL ST SAN FRANCISCO, CA 94110</u>	94-2284365	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>MISSION AREA HEALTH ASSOC</u>							
<u>240 SHOTWELL ST SAN FRANCISCO, CA 94110</u>	94-2284365	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>MISSION CITY COMMUNITY NETWORK</u>							
<u>15206 PARTHENIA ST NORTH HILLS, CA 91343</u>	95-4226189	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>MISSION SOLANO RESCUE MISSION INC</u>							
<u>740 TRAVIS BLVD FAIRFIELD, CA 94533-5038</u>	61-1431375	501C(3)	12,500.				CASE MANAGER
<u>MONTEBELLO UNIFIED SCHOOL DISTRICT</u>							
<u>123 S MONTEBELLO BLVD MONTEBELLO, CA 90640</u>	95-6002104	501C(3)	10,000.				DENTAL CLINIC
<u>MONUMENT COMMUNITY PARTNERSHIP</u>							
<u>1760 CLAYTON RD CONCORD, CA 94520</u>	68-0476982	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>MONUMENT COMMUNITY PARTNERSHIP</u>							
<u>1760 CLAYTON RD CONCORD, CA 94520</u>	68-0476982	501C(3)	28,000.				CB PROGRAM SUPPORT
<u>MONUMENT COMMUNITY PARTNERSHIP</u>							
<u>1760 CLAYTON RD CONCORD, CA 94520</u>	68-0476982	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>MONUMENT CRISIS CENTER</u>							
<u>2350 MONUMENT BLVD # B CONCORD, CA 94520</u>	41-2111171	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>MOUNTAIN HEALTH & COMMUNITY SVCS INC</u>							
<u>31115 HIGHWAY 94 CAMPO, CA 91906</u>	33-0164420	501C(3)	34,580.				CB PROGRAM SUPPORT
<u>MPTF CORP</u>							
<u>23388 MULHOLLAND DR WOODLAND HILL, CA 91364</u>	95-1652916	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>MT DIABLO UNIFIED SCHOOL DISTRICT</u>							
<u>1936 CARLOTTA DR CONCORD, CA 94519</u>	68-0091157	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>MY SISTERS HOUSE</u>							
<u>3053 FREEPORT BLVD 120 SACRAMENTO, CA 95818</u>	68-0464114	501C(3)	11,500.				CB PROGRAM SUPPORT
<u>NAPA COUNTY OFFICE OF EDUCATION</u>							
<u>5789 ST FARM DR# 230 ROHNERT PARK, CA 94928</u>	94-6002406	GOVERNMENT	6,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) RC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>NAPASOLANO SANESART</u>							
<u>1141 PEAR TREE LANE # 220 NAPA, CA 94558</u>	68-0285816	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>NATIONAL ACADEMIC YOUTH CORPS</u>							
<u>2251 FLORIN RD STE 126 SACRAMENTO, CA 95822</u>	80-0064237	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>NAT ASSOC FOR THE ADV OF COLORED PEOPLE</u>							
<u>3910 MLK JR STE 202 LOS ANGELES, CA 90008</u>	95-2585704	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>NATIONAL HEALTH SVCS INC</u>							
<u>659 S CENTRAL VALLEY HWY SHAPTER, CA 93263</u>	95-3218000	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NATIONAL HEALTH SVCS INC</u>							
<u>659 S CENTRAL VALLEY HWY SHAPTER, CA 93263</u>	95-3218000	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>NATIONAL HISPANIC HEALTH FDN AT NY UNIV</u>							
<u>1411 K ST NW 1100 WASHINGTON, DC 20005</u>	26-0051902	501C(3)	8,333.				CB PROGRAM SUPPORT
<u>NATIONAL KIDNEY FDN OF NORTHERN CA INC</u>							
<u>3001 I ST SACRAMENTO, CA 95816</u>	94-6130713	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>NATIONAL KIDNEY FDN OF SOUTHERN CA</u>							
<u>15490 VENTURA BLVD SHERMAN OAKS, CA 91403</u>	95-1998472	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>NATIONAL KIDNEY FDN OF SOUTHERN CA</u>							
<u>15490 VENTURA BLVD SHERMAN OAKS, CA 91403</u>	95-1998472	501C(3)	8,500.				CB PROGRAM SUPPORT
<u>NATIONAL MEDICAL ASSOC COMPREHENSIVE HEALTH</u>							
<u>446 26TH ST SUITE 101 SAN DIEGO, CA 92102</u>	95-3159093	501C(3)	32,166.				CB PROGRAM SUPPORT
<u>NATIONAL MEDICAL FELLOWSHIPS</u>							
<u>5 HANOVER SQUARE NEW YORK, NY 10004</u>	36-2125449	501C(3)	9,320.				CB PROGRAM SUPPORT
<u>NATOMAS COMMUNITY FDN</u>							
<u>1500 W EL CAMINO AVE SACRAMENTO, CA 95833</u>	87-0734328	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NEIGHBORHOOD HEALTHCARE</u>							
<u>425 N DATE ST ESCONDIDO, CA 92025</u>	95-2796316	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NEIGHBORHOOD HEALTHCARE</u>							
<u>425 N DATE ST ESCONDIDO, CA 92025</u>	95-2796316	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>NEIGHBORHOOD HEALTHCARE</u>							
<u>425 N DATE ST ESCONDIDO, CA 92025</u>	95-2796316	501C(3)	72,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

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Employer identification number

94-1105628

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NEIGHBORHOOD LEGAL SVCS OF LA COUNTY 1104 E CHEVY CHASE DR GLENDALE, CA 91205	95-2408642	501C(3)	24,000.				ANNUAL FUNDRAISER
NEIGHBORHOOD LEGAL SVCS OF LA COUNTY 1104 E CHEVY CHASE DR GLENDALE, CA 91205	95-2408642	501C(3)	50,000.				CB PROGRAM SUPPORT
NEW DIRECTIONS FOR WOMEN 2607 WILLO LANE COSTA MESA, CA 92627	20-3295837	501C(3)	7,196.				CB PROGRAM SUPPORT
NEW DIRECTIONS FOR YOUTH 7400 VAN NUYS BLVD # 203 VAN NUYS, CA 91405	95-2973008	501C(3)	10,000.				CB PROGRAM SUPPORT
NEW ECONOMICS FOR WOMEN 303 S LOMA DR LOS ANGELES, CA 90017	95-3969029	501C(3)	9,590.				ANNUAL FUNDRAISER
NEW HORIZONS FAMILY CENTER 744 S GLENDALE AVE GLENDALE, CA 91205	95-4543038	501C(3)	9,800.				CB PROGRAM SUPPORT
NEW HORIZONS SFVAR INC 15725 PARTHENIA ST NORTH HILLS, CA 91343	95-1862084	501C(3)	15,000.				CB PROGRAM SUPPORT
NEW LEAF SVCS FOR OUR COMMUNITY 1390 MARKET ST# 800 SAN FRANCISCO, CA 94102	94-3059229	501C(3)	25,000.				CB PROGRAM SUPPORT
NEWARK RECREATION AND COMMUNITY SVCS DEPT 6800 MOWRY AVE NEWARK, CA 94560	94-6027360	GOVERNMENT	7,000.				CB PROGRAM SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E GISH RD SUITE 200 SAN JOSE, CA 95112	94-2420708	501C(3)	12,000.				CB PROGRAM SUPPORT
NILE SISTERS DEVELOPMENT INITIATIVE 6035 UNIVERSITY AVE# 22 SAN DIEGO, CA 92115	91-2131196	501C(3)	25,000.				CB PROGRAM SUPPORT
NIROGA INSTITUTE 3101 ARIZONA ST OAKLAND, CA 94602	20-2620278	501C(3)	15,000.				CB PROGRAM SUPPORT
NORALTO ELEMENTARY SCHOOL 477 LAS PALMAS AVE SACRAMENTO, CA 95815	94-6002520	GOVERNMENT	5,300.				CB PROGRAM SUPPORT
NORTH BY NORTHEAST COMMUNITY HEALTH CENTER 4725 N WILLIAMS AVE PORTLAND, OR 97212	72-1618287	501C(3)	7,000.				2009 MLK DAY
NORTH BY NORTHEAST COMMUNITY HEALTH CENTER 4725 N WILLIAMS AVE PORTLAND, OR 97212	72-1618287	501C(3)	25,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
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94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>NORTH COUNTY HEALTH PROJECT INC</u>							
150 VALPRED A RD SAN MARCOS, CA 92069	95-2847102	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NORTH COUNTY HEALTH PROJECT INC</u>							
150 VALPRED A RD SAN MARCOS, CA 92069	95-2847102	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>NORTH COUNTY HEALTH PROJECT INC</u>							
150 VALPRED A RD SAN MARCOS, CA 92069	95-2847102	501C(3)	72,000.				CB PROGRAM SUPPORT
<u>NORTH COUNTY HEALTH PROJECT INC</u>							
150 VALPRED A RD SAN MARCOS, CA 92069	95-2847102	501C(3)	500,000.				CB PROGRAM SUPPORT
<u>NORTH PENINSULA NEIGHBORHOOD SVCS CENTER</u>							
600 LINDEN AVE S SAN FRANCISCO, CA 94080	94-2298841	501C(3)	20,385.				CB PROGRAM SUPPORT
<u>NORTH RICHMOND COMMUNITY SVC CORP</u>							
1427 FILBERT ST RICHMOND, CA 94801	68-0475817	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>N ROSEVILLE RECREATIONAL EDUC & CREATIVE</u>							
313 HIGH ST ROSEVILLE, CA 95678	68-0377167	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NORTHEAST COMMUNITY CLINIC</u>							
2550 W MAIN ST # 301 LOS ANGELES, CA 91801	95-2687213	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	17,750.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>NORTHEAST VALLEY HEALTH CORP</u>							
1172 N MACLAY AVE SAN FERNANDO, CA 91340	23-7120632	501C(3)	90,000.				CB PROGRAM SUPPORT
<u>NORTHERN CA CENTER FOR WELL BEING</u>							
365 TESCONI CIRCLE # B SANTA ROSA, CA 95401	93-1144835	501C(3)	10,000.				DOMANDO PASOS

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Kaiser Foundation Hospitals

Employer identification number

94-1105628

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<u>NORTHERN CA COMMUNITY DEVELOPMENT</u>							
<u>27287 PATRICK AVE HAYWARD, CA 94544</u>	<u>68-0276554</u>	<u>501C(3)</u>	<u>75,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>NORTHWEST HEALTH FDN FUND II</u>							
<u>221 NW 2ND AVE SUITE 300 PORTLAND, OR 97209</u>	<u>93-1293344</u>	<u>501C(3)</u>	<u>300,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>NORTHWEST HUMAN SVCS</u>							
<u>681 CENTER ST NE SALEM, OR 97301</u>	<u>93-0605570</u>	<u>GOVERNMENT</u>	<u>15,750.</u>				<u>CB PROGRAM SUPPORT</u>
<u>NORTHWEST MENTAL HEALTH MANAGEMENT SVCS INC</u>							
<u>1020 PORTLAND AVE GLADSTONE, OR 97027</u>	<u>93-0959068</u>	<u>GOVERNMENT</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OAKLAND SCHOOL FOR THE ARTS</u>							
<u>1800 SAN PABLO AVE OAKLAND, CA 94612</u>	<u>68-0463892</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OAKLAND SCHOOL FOR THE ARTS</u>							
<u>1800 SAN PABLO AVE OAKLAND, CA 94612</u>	<u>68-0463892</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OAKLAND UNIFIED SCHOOL DISTRICT</u>							
<u>1025 2ND AVE OAKLAND, CA 94606</u>	<u>94-6000385</u>	<u>GOVERNMENT</u>	<u>50,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OCCIDENTAL COLLEGE</u>							
<u>1600 CAMPUS RD LOS ANGELES, CA 90041</u>	<u>95-1667177</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CONFERENCE SUPPORT</u>
<u>OCCIDENTAL COLLEGE</u>							
<u>1600 CAMPUS RD MS M1 LOS ANGELES, CA 90041</u>	<u>95-1667177</u>	<u>501C(3)</u>	<u>124,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OCEAN PARK COMMUNITY CENTER</u>							
<u>1453 16TH ST SANTA MONICA, CA 90404</u>	<u>95-6143865</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>ODD FELLOW REBEKAH CHILDRENS HOME OF CA</u>							
<u>290 IOOF AVE GILROY, CA 95020</u>	<u>94-1167402</u>	<u>501C(3)</u>	<u>30,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OHLONE COLLEGE COMMUNITY DISTRICT</u>							
<u>39399 CHERRY ST NEWARK, CA 94560</u>	<u>94-2378181</u>	<u>GOVERNMENT</u>	<u>45,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OKIZU FDN</u>							
<u>16 DIGITAL DR NOVATO, CA 94949</u>	<u>68-0291178</u>	<u>501C(3)</u>	<u>35,000.</u>				<u>FAMILY CAMP</u>
<u>OKIZU FDN</u>							
<u>16 DIGITAL DR NOVATO, CA 94949</u>	<u>68-0291178</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>OKIZU FDN</u>							
<u>16 DIGITAL DR NOVATO, CA 94949</u>	<u>68-0291178</u>	<u>501C(3)</u>	<u>8,000.</u>				<u>CB PROGRAM SUPPORT</u>

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>OLIVE VIEW UCLA ED & RESECH INST</u>							
14445 OLIVE VIEW DR SYLMAR, CA 91342	95-2249539	501C(3)	153,333.				CB PROGRAM SUPPORT
<u>OLIVE VIEW UCLA MEDICAL CENTER FDN INC</u>							
14445 OLIVE VIEW DR SYLMAR, CA 91342	95-4017900	501C(3)	9,580.				ANNUAL FUNDRAISER
<u>OMEGA BOYS CLUB OF SF</u>							
1050 TENNESSEE ST SAN FRANCISCO, CA 94107	94-3171846	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>ON LOK SENIOR HEALTH SVC</u>							
1333 BUSH ST SAN FRANCISCO, CA 94109	94-2162549	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>OPEN PATHS COUNSELING CENTER</u>							
12655 W WASHINGTON BLVD L ANGELES, CA 90066	95-3221061	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>OPENING DOORS INC</u>							
2118 K ST SACRAMENTO, CA 95816	37-1417129	501C(3)	9,000.				CB PROGRAM SUPPORT
<u>OPERATION SAMAHAN INC</u>							
2743 HIGHLAND AVE NATIONAL CITY, CA 95603	95-3008798	501C(3)	32,667.				CB PROGRAM SUPPORT
<u>ORANGE CTY RESCUE MISSION HEALTH CARE SVCS</u>							
ONE HOPE DR TUSTIN, CA 92782	33-0905866	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>ORANGE UNIFIED SCHOOL DISTRICT</u>							
726 W COLLINS AVE ORANGE, CA 92869	95-6004968	GOVERNMENT	15,490.				CB PROGRAM SUPPORT
<u>ORANGWOOD CHILDRENS FDN</u>							
1575 E 17TH ST SANTA ANA, CA 92705	95-3616628	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>OREGON CENTER FOR ENVIRONMENTAL HEALTH</u>							
4819 NE FREMONT PORTLAND, OR 97213	93-1226265	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>OREGON CENTER FOR NURSING</u>							
5000 N WILLAMETTE BLVD PORTLAND, OR 97203	74-3052430	501C(3)	7,500.				ANNUAL FUNDRAISER
<u>OREGON COMMUNITY HEALTH INFORMATION NETWORK</u>							
707 SW WASHINGTON # 1200 PORTLAND, OR 97205	20-0195556	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>OREGON FOOD BANK INC</u>							
7900 NE 33RD DR PORTLAND, OR 97238	93-0785786	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>OREGON FOOD BANK INC</u>							
7900 NE 33RD DR PORTLAND, OR 97238	93-0785786	501C(3)	25,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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<u>OREGON HEALTH CAREER CENTER</u>							
19365 SW 65TH AVE # 204 TUALATIN, OR 97062	93-1166189	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>OREGON HEALTH CAREER CENTER</u>							
19365 SW 65TH AVE # 204 TUALATIN, OR 97062	93-1166189	501C(3)	312,000.				CB PROGRAM SUPPORT
<u>OREGON PRIMARY CARE ASSOC</u>							
110 SW YAMHILL ST # 300 PORTLAND, OR 97204	93-0877986	501C(3)	51,312.				CB PROGRAM SUPPORT
<u>ORG OF CHINESE AMERICANS GREATER LA CHAPTER</u>							
1145 WILSHIRE BLVD LOS ANGELES, CA 90017	95-4365081	501C(3)	9,080.				CB PROGRAM SUPPORT
<u>OUR SAVIOUR CENTER</u>							
4368 SANTA ANITA AVE EL MONTE, CA 91731	95-1765149	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>OUTSIDE IN</u>							
1132 SW 13TH AVE PORTLAND, OR 97205	93-0567549	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>PACOIMA BEAUTIFUL</u>							
11243 GLENOAKS BLVD 1 PACOIMA, CA 91331	95-4770745	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>PAINTED TURTLE</u>							
1300 4TH ST STE 300 SANTA MONICA, CA 90401	95-4612481	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>PARENT RESOURCE CENTER</u>							
811 5TH ST MODESTO, CA 95351-2808	77-0324466	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>PARKWAY COMMUNITY CHURCH</u>							
2397 HEATH DR FAIRFIELD, CA 94533	23-7276519	501C(3)	7,500.				HEAVEN PROJECT
<u>PARTNERS IN CARE FDN INC</u>							
732 MOTT ST # 150 SAN FERNANDO, CA 91340	95-3954057	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>PARTNERS IN CARE FDN INC</u>							
732 MOTT ST # 150 SAN FERNANDO, CA 91340	95-3954057	501C(3)	22,400.				CB PROGRAM SUPPORT
<u>PARTNERS IN CARE FDN INC</u>							
732 MOTT ST # 150 SAN FERNANDO, CA 91340	95-3954057	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>PASADENA DELTA FDN</u>							
PO BOX 38 ALTADENA, CA 91003-0038	95-4502691	501C(3)	7,500.				CONFERENCE SUPPORT
<u>PASADENA EDUCATIONAL FDN</u>							
351 S HUDSON PASADENA, CA 91109	23-7149451	501C(3)	10,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service
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Continuation Sheet for Schedule I (Form 990)

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<u>PASADENAFOOTHILL VALLEY YWCA</u>							
1200 N FAIR OAKS AVE PASADENA, CA 91103	95-1644059	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>PEACE OVER VIOLENCE</u>							
605 W OLYMPIC BLVD LOS ANGELES, CA 90015	51-0179305	501C(3)	90,000.				CB PROGRAM SUPPORT
<u>PEDIATRIC & FAMILY MEDICAL CENTER</u>							
1530 S OLIVE ST LOS ANGELES, CA 90015	95-1690966	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>PEDIATRIC DENTAL INITIATIVE</u>							
1360 19TH HOLE DR # 205 WINDSOR, CA 95492	34-2012430	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>PENINSULA HABITAT FOR HUMANITY</u>							
690 BROADWAY ST REDWOOD CITY, CA 94063	94-3088881	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>PEOPLE FOR PARKS</u>							
PO BOX 2042 FAIRVIEW, OR 97024	93-0666914	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>PETALUMA CITY SCHOOLS</u>							
200 DOUGLAS ST PETALUMA, CA 94952	68-0343405	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>PETALUMA HEALTH CENTER</u>							
1301 SOUTHPOINT BLVD PETALUMA, CA 94954	68-0437840	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>PETALUMA HEALTH CENTER</u>							
1301 SOUTHPOINT BLVD PETALUMA, CA 94954	68-0437840	501C(3)	50,000.				QI INITIATIVE
<u>PLACER WOMENS CENTER INC</u>							
2426 LINDBERGH ST AUBURN, CA 95602	94-2578871	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD MAR MONTE</u>							
1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD MARMONTE</u>							
1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
2185 PACHECO ST CONCORD, CA 94520	94-1575233	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
2185 PACHECO ST CONCORD, CA 94520	94-1575233	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
2185 PACHECO ST CONCORD, CA 94520	94-1575233	501C(3)	20,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

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<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
<u>2185 PACHECO ST CONCORD, CA 94520</u>	94-1575233	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
<u>2185 PACHECO ST CONCORD, CA 94520</u>	94-1575233	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>PLANNED PARENTHOOD SHASTA DIABLO INC</u>							
<u>2185 PACHECO ST CONCORD, CA 94520</u>	94-1575233	501C(3)	50,000.				HIV INTEGRATION
<u>PORTLAND SCHOOLS FDN</u>							
<u>905 NW 12TH AVE PORTLAND, OR 97209</u>	93-1149789	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>POSITIVE RESOURCE CENTER</u>							
<u>785 MARKET ST SAN FRANCISCO, CA 94103</u>	94-3078431	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>PRESBYTERY OF THE REDWOODS</u>							
<u>1226 A SALVADOR AVE NAPA, CA 94558</u>	68-0041735	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>PRESBOTT JOSEPH CENTER FOR COMM ENHANCEMENT</u>							
<u>920 PERALTA ST OAKLAND, CA 94607-1926</u>	94-3248535	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>PREVENTION INSTITUTE</u>							
<u>221 OAK ST OAKLAND, CA 94607</u>	94-3282858	501C(3)	125,000.				CB PROGRAM SUPPORT
<u>PROJECT CONCERN INTERNATIONAL</u>							
<u>5151 MURPHY CANYON RD SAN DIEGO, CA 92123</u>	95-2248462	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>PROJECT CONCERN INTERNATIONAL</u>							
<u>5151 MURPHY CANYON RD SAN DIEGO, CA 92123</u>	95-2248462	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>PROJECT FOR PUBLIC SPACES INC</u>							
<u>700 BROADWAY 4TH FLOOR NEW YORK, NY 10003</u>	13-2808114	501C(3)	23,000.				CB PROGRAM SUPPORT
<u>PROJECT NEW HOPE</u>							
<u>1004 ECHO PARK AVE LOS ANGELES, CA 90026</u>	95-4337245	501C(3)	5,304.				CB PROGRAM SUPPORT
<u>PROJECT NIGHTLIGHT</u>							
<u>2633 LINCOLN BLVD SANTA MONICA, CA 90405</u>	20-0238720	501C(3)	5,500.				CB PROGRAM SUPPORT
<u>PROJECT OPEN HAND SAN FRANCISCO</u>							
<u>730 POLK ST SAN FRANCISCO, CA 94109-7813</u>	94-3023551	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>PROJECT OPEN HAND - SAN FRANCISCO</u>							
<u>730 POLK ST SAN FRANCISCO, CA 94109</u>	94-3023551	501C(3)	20,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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PROJECT QUEST							
2901 E BURNSIDE PORTLAND, OR 97214	93-1121778	501C(3)	25,000.				CB PROGRAM SUPPORT
PROYECTO PASTORAL AT DOLORES MISSION							
135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	501C(3)	25,000.				CB PROGRAM SUPPORT
PROYECTO PASTORAL AT DOLORES MISSION							
135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	501C(3)	10,000.				CONFERENCE SUPPORT
PTA CA CONGRESS OF PARENTS TEACHERS & STONT							
2217 CHALOMAR RD CONCORD, CA 94518	94-6174683	501C(3)	10,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH FDN ENTERPRISES INC							
13200 CROSSROADS PKWY N SUITE 135	95-2557063	501C(3)	10,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH FDN ENTERPRISES INC							
13200 CROSSROADS PKWY N SUITE 135	95-2557063	501C(3)	50,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH FDN ENTERPRISES INC							
13200 CROSSROADS PKWY N SUITE 135	95-2557063	501C(3)	50,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH FDN ENTERPRISES INC							
13200 CROSSROADS PKWY N SUITE 135	95-2557063	501C(3)	75,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
2201 BROADWAY SUITE 502 OAKLAND, CA 94612	94-1646278	501C(3)	10,000.				CONFERENCE SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	70,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	75,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	98,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	100,106.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	160,000.				CB PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	200,000.				CB PROGRAM SUPPORT

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<u>PUBLIC HEALTH INSTITUTE</u>							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	200,000.				CB PROGRAM SUPPORT
<u>PUBLIC HEALTH INSTITUTE</u>							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	207,169.				CB PROGRAM SUPPORT
<u>PUBLIC HEALTH INSTITUTE</u>							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	10,000.				CONFERENCE SUPPORT
<u>PUBLIC HEALTH INSTITUTE</u>							
555 12TH ST 10TH FL OAKLAND, CA 94607-4046	94-1646278	501C(3)	25,000.				CONFERENCE SUPPORT
<u>PUBLIC HEALTH INSTITUTE</u>							
7225 ALMOND AVE ORANGEVALE, CA 95662-2416	94-1646278	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>PUBLIC MEDIA CENTER</u>							
466 GREEN ST SAN FRANCISCO, CA 94133	94-2242055	501C(3)	77,900.				CB PROGRAM SUPPORT
<u>PYRAMID ALTERNATIVES</u>							
480 MANOR PLAZA PACIFICA, CA 94044	94-2251653	501C(3)	32,500.				CB PROGRAM SUPPORT
<u>QUEEN OF THE VALLEY HOSPITAL FDN</u>							
3448 VILLA LANE SUITE 102 NAPA, CA 94558	23-7081153	501C(3)	8,664.				CB PROGRAM SUPPORT
<u>QUEKUP</u>							
5543 LKEDS ST SOUTH GATE, CA 90280	95-4060074	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>RAINBOW ADULT COMMUNITY HOUSING</u>							
870 MARKET ST # 458 SAN FRANCISCO, CA 94102	94-3337955	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>RAINBOW ADULT COMMUNITY HOUSING</u>							
870 MARKET ST # 458 SAN FRANCISCO, CA 94102	94-3337955	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>RANCHO LOS AMIGOS FDN</u>							
7601 E IMPERIAL HWY DOWNEY, CA 90242	95-3849600	501C(3)	24,817.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER PENINSULA</u>							
841 KAYNINE ST REDWOOD CITY, CA 94063	94-3106209	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER ALBANY BRKLY EMERYVILLE</u>							
3318 ADELINE ST BERKELEY, CA 94703	94-3238591	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER DIABLO VALLEY</u>							
1647 WILLOW PASS RD CONCORD, CA 94520	68-0364884	501C(3)	15,000.				CB PROGRAM SUPPORT

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<u>REBUILDING TOGETHER OAKLAND</u>							
<u>1111 PINE ST SUITE A OAKLAND, CA 94607</u>	94-3213325	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER PETALUMA</u>							
<u>100 PETALUMA BLVD N# 301 PETALUMA, CA 94953</u>	91-1762902	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER SACRAMENTO</u>							
<u>3021 65TH ST SACRAMENTO, CA 95820</u>	68-0246355	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER SAN FRANCISCO</u>							
<u>PIER 28 SAN FRANCISCO, CA 94105</u>	94-3107808	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER SANTA ROSA</u>							
<u>1809 VERMILLION WAY SANTA ROSA, CA 95403</u>	68-0460129	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>REBUILDING TOGETHER SILICON VALLEY</u>							
<u>2885 ADELMO DR SUITE A SAN JOSE, CA 95111</u>	77-0289381	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>REDWOOD CITY EDUCATION FDN</u>							
<u>800 ALAMEDA DE LAS PULGAS</u>	94-2903141	501C(3)	35,000.				CB PROGRAM SUPPORT
<u>REDWOOD COMMUNITY HEALTH COALITION</u>							
<u>1180 4TH ST SUITE B SANTA ROSA, CA 95404</u>	94-3220029	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>REDWOOD COMMUNITY HEALTH COALITION</u>							
<u>1180 4TH ST SUITE B SANTA ROSA, CA 95404</u>	94-3220029	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>REDWOOD COMMUNITY HEALTH COALITION</u>							
<u>1180 4TH ST SUITE B SANTA ROSA, CA 95404</u>	94-3220029	501C(3)	100,000.				QI INITIATIVE
<u>REDWOOD EMPIRE FOOD BANK</u>							
<u>3320 INDUSTRIAL DR SANTA ROSA, CA 95403</u>	68-0121855	501C(3)	16,000.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC</u>							
<u>10833 LE CONTE AVE LOS ANGELES, CA 90095</u>	94-6006143	501C(3)	30,969.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC</u>							
<u>10920 WILSHIRE BLVD LOS ANGELES, CA 90024</u>	95-6006143	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC</u>							
<u>10920 WILSHIRE BLVD LOS ANGELES, CA 90024</u>	95-6006143	501C(3)	250,000.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC</u>							
<u>10920 WILSHIRE BLVD LOS ANGELES, CA 90024</u>	95-6006143	501C(3)	400,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>REGENTS OF THE UC</u>							
1111 FRANKLIN ST 12TH FL OAKLAND, CA 94607	94-6036493	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC</u>							
550 E SHAW AVE FRESNO, CA 93710-7702	94-6036493	501C(3)	36,000.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC AT BERKELEY</u>							
3 GIANNINI HALL 3100 BERKELEY, CA 94720	94-6002123	501C(3)	181,427.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UC AT BERKELEY</u>							
3 GIANNINI HALL 3100 BERKELEY, CA 94720	94-6002123	501C(3)	200,186.				CB PROGRAM SUPPORT
<u>REGENTS OF THE UCSF</u>							
44 PAGE ST SAN FRANCISCO, CA 94102	94-6036493	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>REGENTS OF UC AT BERKELEY</u>							
171 UNIVERSITY HALL BERKELEY, CA 94720	94-6002123	501C(3)	9,000.				CB PROGRAM SUPPORT
<u>REGENTS UCLA</u>							
10960 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	501C(3)	400,000.				CB PROGRAM SUPPORT
<u>REGIONAL PARKS FDN</u>							
2950 PERALTA OAKS COURT OAKLAND, CA 94605	23-7011877	501C(3)	95,000.				CB PROGRAM SUPPORT
<u>RENAISSANCEPARENTS OF SUCCESS</u>							
1747 QUESADA AVE SAN FRANCISCO, CA 94124	94-3155564	501C(3)	15,000.				GRANT GROUND ZERO
<u>RICHMOND IMPROVEMENT ASSOC</u>							
400 HARBOUR WAY RICHMOND, CA 94801	68-0479634	501C(3)		5,624.	ESTIMATED	HOT FOOD	CB PROGRAM SUPPORT
<u>RITTER HOUSE NURSING CENTER</u>							
16 RITTER ST SAN RAFAEL, CA 94912	94-2675517	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>RIVERSIDE COMMUNITY COLLEGE DISTRICT FDN</u>							
4800 MAGNOLIA AVE RIVERSIDE, CA 92506	95-2993847	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>RIVERSIDE COMMUNITY HEALTH FDN</u>							
4445A MAGNOLIA AVE RIVERSIDE, CA 92501	23-7276444	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>RIVERSIDE COUNTY DEPT OF MENTAL HEALTH</u>							
3840 MYERS ST RIVERSIDE, CA 92503	95-6000930	GOVERNMENT	5,500.				CB PROGRAM SUPPORT
<u>RIVERSIDE COUNTY DEPT OF MENTAL HEALTH</u>							
3840 MYERS ST RIVERSIDE, CA 92503	95-6000930	GOVERNMENT	6,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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Employer identification number

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER 26520 CACTUS AVE MORENO VALLEY, CA 92555	95-60000930	GOVERNMENT	200,000.				CB PROGRAM SUPPORT
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER FD 26520 CACTUS AVE MORENO VALLEY, CA 92555	33-0374018	501C(3)	15,000.				CB PROGRAM SUPPORT
RIVERSIDE SAN BERNARDINO CTY INDIAN HEALTH 11555 12 POTRERO RD BANNING, CA 92220	95-2846605	501C(3)	15,000.				CB PROGRAM SUPPORT
ROAD RUNNERS CLUB OF AMERICA 120 PONDEROSA CT FOLSOM, CA 95630	94-3300121	501C(3)	25,000.				CB PROGRAM SUPPORT
ROBERT F KENNEDY INSTITUTE 544 N AVALON #309 WILMINGTON, CA 90744	33-0531975	501C(3)	20,000.				CB PROGRAM SUPPORT
ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVE SACRAMENTO, CA 95815-3120	68-0470557	501C(3)	12,000.				CB PROGRAM SUPPORT
ROMAN CATHOLIC BISHOP OF OAKLAND 25580 CAMPUS DR HAYWARD, CA 94542	94-1527086	501C(3)	20,000.				CB PROGRAM SUPPORT
ROSE COMMUNITY DEVELOPMENT CORP 5215 SE DUKE ST PORTLAND, OR 97206	94-3144895	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
ROTACARE BAY AREA INC 3190 S BASCOM AVE # 170 SAN JOSE, CA 95124	77-0328723	501C(3)	20,000.				CB PROGRAM SUPPORT
ROWLAND UNIFIED SCHOOL DISTRICT 1830 NOGALES ST ROWLAND HEIGHTS, CA 91748	95-2651870	GOVERNMENT	14,105.				CB PROGRAM SUPPORT
ROWLAND UNIFIED SCHOOL DISTRICT 1830 NOGALES ST ROWLAND HEIGHTS, CA 91748	95-2651870	GOVERNMENT	12,000.				CB PROGRAM SUPPORT
ROWLAND UNIFIED SCHOOL DISTRICT 1830 NOGALES ST ROWLAND HEIGHTS, CA 91748	95-2651870	GOVERNMENT	12,000.				CB PROGRAM SUPPORT
RUBICON PROGRAMS INC 2500 BISSELL AVE RICHMOND, CA 94804	94-2301550	501C(3)	60,000.				CB PROGRAM SUPPORT
RUNNING SCHOOL INC 240 KATHERINE WAY AUBURN, CA 95603	20-8107303	501C(3)	30,000.				CB PROGRAM SUPPORT
SACRAMENTO AREA CONGREGATIONS TOGETHER 2510 J ST SUITE 200 SACRAMENTO, CA 95816	94-3146791	501C(3)	10,000.				CB PROGRAM SUPPORT

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3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service
Name of the organization

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>SACRAMENTO CHILDRENS HOME</u>							
<u>2750 SUTTERVILLE RD SACRAMENTO, CA 95820</u>	94-1156588	501C(3)	17,000.				CB PROGRAM SUPPORT
<u>SACRAMENTO CITY UNIFIED SCHOOL DISTRICT</u>							
<u>5735 47TH ST SACRAMENTO, CA 95824-4528</u>	94-6002491	GOVERNMENT	50,000.				CB PROGRAM SUPPORT
<u>SACRAMENTO ENRICHES</u>							
<u>5959 8TH AVE SACRAMENTO, CA 95820-1858</u>	32-0138776	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SACRAMENTO HABITAT FOR HUMANITY</u>							
<u>8351 UMBRIA AVE BLDG 5 SACRAMENTO, CA 95828</u>	68-0085804	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SACRAMENTO HEALTHCARE DECISIONS INC</u>							
<u>3400 DATA DR RANCHO CORDOVA, CA 95670</u>	68-0441958	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SACRAMENTO HEARING SVCS CENTER INC</u>							
<u>1800 28TH ST SACRAMENTO, CA 95816</u>	94-1087579	501C(3)	7,500.				GENERAL SUPPORT
<u>SACRAMENTO LOAVES AND FISHES</u>							
<u>1321 NORTH C ST SACRAMENTO, CA 95811</u>	68-0189897	501C(3)	6,500.				CB PROGRAM SUPPORT
<u>SACRAMENTO NATIVE AMERICAN HEALTH CENTER</u>							
<u>2020 J ST SACRAMENTO, CA 95811</u>	20-4287737	501C(3)	52,000.				CB PROGRAM SUPPORT
<u>SACRED HEART COMMUNITY SVC</u>							
<u>1381 S FIRST ST SAN JOSE, CA 95110</u>	23-7179787	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SAFEQUEST SOLANO</u>							
<u>1745 ENTERPRISE DR # 2D FAIRFIELD, CA 94533</u>	94-2853669	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>SAMARITAN HOUSE</u>							
<u>1511 S CLAREMONT ST SAN MATRO, CA 94402</u>	23-7416272	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>SAMUEL DIXON FAMILY HEALTH CENTER</u>							
<u>25115 W AVE STANFORD VALENCIA, CA 91355</u>	95-4278726	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SAMUEL DIXON FAMILY HEALTH CENTER</u>							
<u>25115 W AVE STANFORD VALENCIA, CA 91355</u>	95-4278726	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>SAN DIEGO AMERICAN INDIAN HEALTH CENTER</u>							
<u>2630 FIRST AVE SAN DIEGO, CA 92103</u>	95-3397369	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>SAN DIEGO COUNCIL ON LITERACY</u>							
<u>2515 CAMINO DEL RIO S SAN DIEGO, CA 92108</u>	33-0390376	501C(3)	5,545.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO COUNTY MEDICAL SOCIETY 5575 RUFFIN RD # 250 SAN DIEGO, CA 92123	95-2568714	501C(3)	86,250.				CB PROGRAM SUPPORT
SAN DIEGO FAMILY CARE 6973 LINDA VISTA RD SAN DIEGO, CA 92111	95-2700856	501C(3)	31,750.				CB PROGRAM SUPPORT
SAN DIEGO ORGANIZING PROJECT 4305 UNIVERSITY AVE#530 SAN DIEGO, CA 92105	95-3284521	501C(3)	50,000.				CB PROGRAM SUPPORT
SAN DIEGO YOUTH & COMMUNITY SVCS 3256 WING ST SAN DIEGO, CA 92110	95-2648050	501C(3)	7,000.				CB PROGRAM SUPPORT
SAN FRANCISCO A I D S FUND 965 MISSION ST# 630 SAN FRANCISCO, CA 94103	94-2922039	501C(3)	25,000.				CB PROGRAM SUPPORT
SAN FRANCISCO AIDS FDN 995 MARKET ST# 200 SAN FRANCISCO, CA 94103	94-2927405	501C(3)	10,000.				AIDS WALK
SF ALUMNAE CHAPTER DELTA SIGMA FDN PO BOX 841 VALLEJO, CA 94590	94-3257298	501C(3)	15,000.				CB PROGRAM SUPPORT
SF COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST# 450 SAN FRANCISCO, CA 94103	94-2897258	501C(3)	72,400.				DI INITIATIVE
SF COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST# 450 SAN FRANCISCO, CA 94103	94-2897258	501C(3)	10,000.				CB PROGRAM SUPPORT
SF COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST# 450 SAN FRANCISCO, CA 94103	94-2897258	501C(3)	15,000.				CB PROGRAM SUPPORT
SF COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST# 450 SAN FRANCISCO, CA 94103	94-2897258	501C(3)	75,000.				CB PROGRAM SUPPORT
SF COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST# 450 SAN FRANCISCO, CA 94103	94-2897258	501C(3)	80,000.				CB PROGRAM SUPPORT
SF COMMUNITY CLINIC CONSORTIUM 30 VAN NESS AVE SAN FRANCISCO, CA 94102	94-2897258	501C(3)	15,000.				CB PROGRAM SUPPORT
SF DEPT OF PUBLIC HEALTH 30 VAN NESS 2300 SAN FRANCISCO, CA 94102	94-6000417	GOVERNMENT	75,000.				CB PROGRAM SUPPORT
SF GENERAL HOSPITAL FDN 2789 25TH ST # 2028 SAN FRANCISCO, CA 94110	94-3189424	501C(3)	205,129.				PHASE

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

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<u>SF GENERAL HOSPITAL FDN</u>							
2789 25TH ST # 2028 SAN FRANCISCO, CA 94110	94-3189424	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>SF PUBLIC HEALTH FDN</u>							
1301 PIERCE ST SAN FRANCISCO, CA 94115-4005	94-3117093	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SF SCHOOL ALLIANCE FDN EVERY CHILD CAN LEARN</u>							
1390 MARKET ST# 900 SAN FRANCISCO, CA 94102	94-3222869	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>SAN FRANCISCO STATE UNIVERSITY</u>							
1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132	93-1137247	GOVERNMENT	25,000.				CB PROGRAM SUPPORT
<u>SF STUDY CENTER INC</u>							
30 VAN NESS 2300 SAN FRANCISCO, CA 94102	94-2168838	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>SF SUICIDE PREVENTION INC</u>							
785 MARKET ST# 500 SAN FRANCISCO, CA 94113	94-1581618	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SAN GABRIEL VALLEY FDN FOR DENTAL HEALTH</u>							
14101 E NELSON AVE LA PUENTE, CA 91746	95-4590029	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SAN JOAQUIN AIDS FDN</u>							
4330 N PERSHING AVE # B3 STOCKTON, CA 95207	94-3018864	501C(3)	60,000.				CB PROGRAM SUPPORT
<u>SAN JOAQUIN COMMUNITY HOSPITAL CORP</u>							
2615 CHESTER AVE BAKERSFIELD, CA 93303	95-2294234	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SAN JOAQUIN COUNTY CHILD ABUSE PREVENTION</u>							
540 N CALIFORNIA ST STOCKTON, CA 95202-2117	94-2497046	501C(3)	42,000.				CB PROGRAM SUPPORT
<u>SAN JOAQUIN COUNTY OFFICE OF EDUCATION</u>							
2901ARCHAIRPORT RD STOCKON, CA 95213	68-0006282	GOVERNMENT	50,000.				CB PROGRAM SUPPORT
<u>SAN JOAQUIN GENERAL HOSPITAL</u>							
500 W HOSPITAL RD FRENCH CAMP, CA 95231	94-6000531	GOVERNMENT	78,720.				QI INITIATIVE
<u>SAN JOSE CHILDRENS DISCOVERY MUSEUM</u>							
160 WOZ WAY SAN JOSE, CA 95110	94-2870828	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>SAN JOSE STATE UNIVERSITY FDN</u>							
210 N FOURTH ST 4TH FL SAN JOSE, CA 95112	94-6017638	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>SAN JOSE STATE UNIVERSITY FDN</u>							
ONE WASHINGTON SQUARE SAN JOSE, CA 95192	94-6017638	501C(3)	33,835.				CB PROGRAM SUPPORT

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Department of the Treasury
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<u>SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTER</u> 1945 TERILYN AVE SAN JOSE, CA 95122	94-1747079	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>SAN LEANDRO BOYS AND GIRLS CLUB</u> 401 MARINA BLVD SAN LEANDRO, CA 94577	94-6003779	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>SAN LEANDRO BOYS AND GIRLS CLUB</u> 401 MARINA BLVD SAN LEANDRO, CA 94577	94-6003779	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>SAN LEANDRO PUBLIC LIBRARY FDN</u> 300 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-6000421	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SAN MATEO COUNTY COMMUNITY COLLEGES FDN</u> 3401 CSM DR SAN MATEO, CA 94402-3757	94-6133905	501C(3)	5,500.				CB PROGRAM SUPPORT
<u>SANTA CLARA COUNTY OFFICE OF EDUCATION</u> 1290 RIDDER PARK DR SAN JOSE, CA 95131	77-0272168	GOVERNMENT	100,000.				CB PROGRAM SUPPORT
<u>SANTA CLARA FAMILY HEALTH FDN</u> 210 E HACIENDA AVE 95008 CAMPEL, CA 95008	77-0545774	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SANTA CLARA FAMILY HEALTH FDN</u> 210 E HACIENDA AVE 95008 CAMPEL, CA 95008	77-0545774	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SANTA CLARA FAMILY HEALTH FDN</u> 210 E HACIENDA AVE 95008 CAMPEL, CA 95008	77-0545774	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>SANTA CLARA UNIFIED SCHOOL DISTRICT</u> 1250 POMEROY AVE SANTA CLARA, CA 95051	77-0219105	GOVERNMENT	10,000.				CB PROGRAM SUPPORT
<u>SANTA CLARA UNIFIED SCHOOL DISTRICT</u> 1250 POMEROY AVE SANTA CLARA, CA 95051	77-0219105	GOVERNMENT	10,500.				CB PROGRAM SUPPORT
<u>SANTA ROSA MEMORIAL HOSPITAL</u> 1165 MONTGOMERY DR SANTA ROSA, CA 95405	94-1231005	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SAVE SF BAY ASSOCIATION</u> 350 FRANK H OGAWA PLAZA OAKLAND, CA 94612	94-6078420	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>SCHOOL HEALTH CLINICS OF S CLARA COUNTY</u> 5671 SANTA TERESA BLVD SAN JOSE, CA 95123	77-0031679	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>SECOND HARVEST FOOD BANK</u> 750 CURTNER AVE SAN JOSE, CA 95125-2113	94-2614101	501C(3)	10,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK							
2950B JEFFERSON ST RIVERSIDE, CA 92504	33-0072922	501C(3)	18,000.				CB PROGRAM SUPPORT
SENIOR ACCESS							
555 NORTHGATE DR # 230A NOVATO, CA 94903	94-2268460	501C(3)	7,500.				CB PROGRAM SUPPORT
SENIOR SUPPORT PROGRAM OF THE TRIVALLEY							
5353 SUNOL BLVD PLEASANTON, CA 94596-7607	20-3225569	501C(3)	10,000.				CB PROGRAM SUPPORT
SENIORS FIRST							
11566 D AVE AUBURN, CA 95603	68-0430154	501C(3)	50,000.				CB PROGRAM SUPPORT
SEROTONIN SURGE CHARITIES							
1955 COWELL BLVD DAVIS, CA 95618	68-0411254	501C(3)	25,000.				SPRING BREAK 2009
SEROTONIN SURGE CHARITIES							
1955 COWELL BLVD DAVIS, CA 95618	68-0411254	501C(3)	15,000.				CB PROGRAM SUPPORT
SERRA ANCILLARY CARE CORP							
1245 E WALNUT ST # 106 PASADENA, CA 91106	95-4147364	501C(3)	6,000.				CB PROGRAM SUPPORT
SHELTER INC OF CONTRA COSTA COUNTY							
1815 ARNOLD DR MARTINEZ, CA 94553	68-0117241	501C(3)	15,000.				CB PROGRAM SUPPORT
SHELTER PARTNERSHIP							
523 W 6TH ST # 616 LOS ANGELES, CA 90014	95-3976214	501C(3)	9,250.				ANNUAL FUNDRAISER
SIERRA FOOTHILLS AIDS FDN							
12183 LOCKSLEY LANE # 205 AUBURN, CA 95602	68-0179770	501C(3)	25,000.				CB PROGRAM SUPPORT
SIKH TEMPLE SF BAY AREA							
300 GURDWARA RD FREMONT, CA 94536	94-2462332	501C(3)	15,000.				CB PROGRAM SUPPORT
SILICON VALLEY CHRISTIAN HEALTH ALLIANCE							
2360 MCLAUGHLIN AVE SAN JOSE, CA 95122	33-1070182	501C(3)	15,000.				CB PROGRAM SUPPORT
SKID ROW HOUSING TRUST							
1317 E 7TH ST LOS ANGELES, CA 90021	95-4205316	501C(3)	438,870.				CB PROGRAM SUPPORT
SLOW FOOD NATION							
609 MISSION ST SAN FRANCISCO, CA 94105	13-4100161	501C(3)	8,800.				CB PROGRAM SUPPORT
SOCIAL ADVOCATES FOR YOUTH							
3440 AIRWAY DR SUITE E SANTA ROSA, CA 95403	94-1711490	501C(3)	19,500.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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<u>SOCRATES OPPORTUNITY SCHOLARSHIP FDN</u>							
<u>24241 PARK GRANADA CALABASAS, CA 91302</u>	95-4722980	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SOCRATES OPPORTUNITY SCHOLARSHIP FDN</u>							
<u>24241 PARK GRANADA CALABASAS, CA 91302</u>	95-4722980	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SOCRATES OPPORTUNITY SCHOLARSHIP FDN</u>							
<u>24241 PARK GRANADA CALABASAS, CA 91302</u>	95-4722980	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>SOCRATES OPPORTUNITY SCHOLARSHIP FDN</u>							
<u>24241 PARK GRANADA CALABASAS, CA 91302</u>	95-4722980	501C(3)	8,000.				CB PROGRAM SUPPORT
<u>SOCRATES OPPORTUNITY SCHOLARSHIP FDN</u>							
<u>24241 PARK GRANADA CALABASAS, CA 91302</u>	95-4722980	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>SOIL BORN FARM URBAN AGRICULTURE PROJECT</u>							
<u>3000 HURLEY WAY SACRAMENTO, CA 95864</u>	20-0774693	501C(3)	13,000.				VEGGIE CHASE RUN
<u>SOIL BORN FARM URBAN AGRICULTURE PROJECT</u>							
<u>3000 HURLEY WAY SACRAMENTO, CA 95864</u>	20-0774693	501C(3)	92,820.				YOUTH CORPS
<u>SOIL BORN FARM URBAN AGRICULTURE PROJECT</u>							
<u>3000 HURLEY WAY SACRAMENTO, CA 95864</u>	20-0774693	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>SOLANO COALITION FOR BETTER HEALTH</u>							
<u>360 CAMPUS LANE # 110 FAIRFIELD, CA 94534</u>	94-3189914	501C(3)	300,000.				CB PROGRAM SUPPORT
<u>SOLANO COMMUNITY FDN</u>							
<u>301 ALAMO DR SUITE H VACAVILLE, CA 95688</u>	68-0354961	501C(3)	25,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>SOLANO COMMUNITY FDN</u>							
665 WALNUT AVE VALLEJO, CA 94590	68-0354961	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOLANO COUNTY HEALTH AND SOCIAL SVCS DEPT</u>							
355 TUOLUMNE ST MA20210 VALLEJO, CA 94590	94-6000538	GOVERNMENT	15,000.				CB PROGRAM SUPPORT
<u>SOLANO HELP INC</u>							
601 WHISPERING BAY LANE SUISON, CA 94585	83-0483985	501C(3)	18,000.				CB PROGRAM SUPPORT
<u>SOMARTS</u>							
934 BRANNAN ST SAN FRANCISCO, CA 94103-4906	94-2655955	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SOMEONE CARES SOUP KITCHEN</u>							
720 W 19TH ST COSTA MESA, CA 92627	33-0279080	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOMOS MAYFAIR</u>							
370 S KING RD SAN JOSE, CA 95116	77-0499813	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>SONOMA COUNTY ADULT & YOUTH DEVELOPMENT</u>							
7345 BURTON AVE ROHNERT PARK, CA 94928-3300	94-2812489	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SONOMA VALLEY COMMUNITY HEALTH CENTER</u>							
430 W NAPA ST SUITE F SONOMA, CA 95476	68-0286382	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>SONOMA VALLEY COMMUNITY HEALTH CENTER</u>							
430 W NAPA ST SUITE F SONOMA, CA 95476	68-0286382	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOUTH BAY FAMILY HEALTHCARE CENTER</u>							
23430 HAWTHORNE BLVD#210 TORRANCE, CA 90505	23-7049937	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOUTH BAY FAMILY HEALTHCARE CENTER</u>							
23430 HAWTHORNE BLVD#210 TORRANCE, CA 90505	23-7049937	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SOUTH BAY FAMILY HEALTHCARE CENTER</u>							
23430 HAWTHORNE BLVD#210 TORRANCE, CA 90505	23-7049937	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>SOUTH CENTRAL FAMILY HEALTH CENTER</u>							
4425 S CENTRAL AVE LOS ANGELES, CA 90011	95-3877793	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SOUTH CENTRAL PREVENTION COALITION</u>							
3450 W 43RD ST # 102 LOS ANGELES, CA 90008	95-4761546	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SOUTH COUNTY COMMUNITY HEALTH CENTER INC</u>							
1798A BAY RD E PALO ALTO, CA 94303	94-3372130	501C(3)	7,500.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>SOUTH COUNTY COMMUNITY HEALTH CENTER INC</u>							
<u>1798A BAY RD E PALO ALTO, CA 94303</u>	<u>94-3372130</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTH COUNTY COMMUNITY HEALTH CENTER INC</u>							
<u>1798A BAY RD E PALO ALTO, CA 94303</u>	<u>94-3372130</u>	<u>501C(3)</u>	<u>50,000.</u>				<u>QI INITIATIVE</u>
<u>SOUTH COUNTY SENIOR SVCS</u>							
<u>24300 KL TORO RD LAGUNA WOODS, CA 92653</u>	<u>93-1163563</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTH SF FRIENDS OF PARKS AND RECREATION</u>							
<u>33 ARROYO DR S SAN FRANCISCO, CA 94080</u>	<u>94-3290612</u>	<u>GOVERNMENT</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTH SF FRIENDS OF THE LIBRARY</u>							
<u>840 W ORANGE AVE S SAN FRANCISCO, CA 94080</u>	<u>74-3116201</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTH WEST COMMUNITY HEALTH CENTER</u>							
<u>7688 SW CAPITAL HWY # 37 PORTLAND, OR 97219</u>	<u>74-3050497</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHEAST ASIAN ASSISTANCE CENTER</u>							
<u>5625 24TH ST SACRAMENTO, CA 95822-2233</u>	<u>68-0227882</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHERN ALAMEDA COUNTY SPONSORING COMMITTEE</u>							
<u>22634 SECOND ST 205 HAYWARD, CA 94541</u>	<u>94-3282881</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHERN CA COUNSELING CENTER</u>							
<u>5615 W PICO BLVD LOS ANGELES, CA 90019-3871</u>	<u>95-2430665</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHSIDE COALITION OF COMMUNITY HEALTH CTR</u>							
<u>555 W 5TH ST LOS ANGELES, CA 90013</u>	<u>20-8892311</u>	<u>501C(3)</u>	<u>300,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHWEST COMMUNITY HEALTH CENTER S ROSA</u>							
<u>751 LOMBARDI COURT # B SANTA ROSA, CA 95407</u>	<u>68-0365296</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHWEST COMMUNITY HEALTH CENTER S ROSA</u>							
<u>751 LOMBARDI COURT # B SANTA ROSA, CA 95407</u>	<u>68-0365296</u>	<u>501C(3)</u>	<u>17,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SOUTHWEST COMMUNITY HEALTH CENTER S ROSA</u>							
<u>751 LOMBARDI COURT # B SANTA ROSA, CA 95407</u>	<u>68-0365296</u>	<u>501C(3)</u>	<u>139,169.</u>				<u>QI INITIATIVE</u>
<u>SPECIAL DELIVERY SAN DIEGO</u>							
<u>4021 GOLDFINCH ST SAN DIEGO, CA 92103</u>	<u>33-0475238</u>	<u>501C(3)</u>	<u>7,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>SPECIAL NEEDS NETWORK INC</u>							
<u>2900 W VERNON AVE LOS ANGELES, CA 90008</u>	<u>05-0617904</u>	<u>501C(3)</u>	<u>40,000.</u>				<u>CB PROGRAM SUPPORT</u>

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
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<u>SPECIAL OLYMPICS NORTHERN CA INC</u>							
<u>3480 BUSKIRK AVE PLEASANT HILL, CA 94523</u>	68-0363121	501C(3)	10,000.				SUMMER GAMES
<u>SPECIAL OLYMPICS NORTHERN CA INC</u>							
<u>3480 BUSKIRK AVE PLEASANT HILL, CA 94523</u>	68-0363121	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>SPECIAL SVCS FOR GROUPS</u>							
<u>605 W OLYMPIC BLVD LOS ANGELES, CA 90015</u>	95-1716914	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SPECTRUM COMMUNITY SVCS</u>							
<u>1435 GROVE WAY HAYWARD, CA 94546</u>	94-1748275	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SPORT 4 LIFE INC</u>							
<u>598 CATALINA CIRCLE VALLEJO, CA 94589-3340</u>	01-0888515	501C(3)	7,000.				CB PROGRAM SUPPORT
<u>SPORTS 4 KIDS</u>							
<u>477 VALLEY WAY MILPITAS, CA 95035</u>	94-3251867	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>ST ANTHONY FDN</u>							
<u>121 GOLDEN GATE AVE SAN FRANCISCO, CA 94102</u>	94-1513140	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>ST ANTHONY FDN</u>							
<u>121 GOLDEN GATE AVE SAN FRANCISCO, CA 94102</u>	94-1513140	501C(3)	100,000.				QI INITIATIVE
<u>ST BERNARDINE HOSPITAL FDN</u>							
<u>2101 N WATERMAN AVE S BERNARDINO, CA 92404</u>	23-7440086	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>ST JOHNS SHELTER</u>							
<u>4410 POWER INN RD SACRAMENTO, CA 95826</u>	68-0132934	501C(3)	20,400.				CB PROGRAM SUPPORT
<u>ST JOHNS WELL CHILD AND FAMILY CENTER INC</u>							
<u>5701 S HOOVER ST LOS ANGELES, CA 90037</u>	95-4067758	501C(3)	11,500.				CB PROGRAM SUPPORT
<u>ST JOHNS WELL CHILD AND FAMILY CENTER INC</u>							
<u>5701 S HOOVER ST LOS ANGELES, CA 90037</u>	95-4067758	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>ST JOSEPH CENTER</u>							
<u>204 HAMPTON DR VENICE, CA 90291</u>	95-3874381	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>ST VINCENT DE PAUL VILLAGE INC</u>							
<u>3350 E ST SAN DIEGO, CA 92102</u>	33-0492302	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>STATE CENTER COMMUNITY COLLEGE DISTRICT</u>							
<u>1525 E WELDON AVE FRESNO, CA 93704</u>	94-1574802	GOVERNMENT	60,000.				CB PROGRAM SUPPORT

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94-1105628

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<u>STEPPING STONES GROWTH CENTER FOR CHILDREN</u>							
<u>311 MAC ARTHUR BLVD SAN LEANDRO, CA 94577</u>	94-6069868	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>STILES HALL</u>							
<u>2400 RANCROFT WAY BERKELEY, CA 94704</u>	94-1156636	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>STONE SOUP FRESNO</u>							
<u>1345 BULLDOG LN 4 FRESNO, CA 93710</u>	77-0430680	501C(3)	17,282.				CB PROGRAM SUPPORT
<u>STOP AIDS PROJECT INC</u>							
<u>2128 15TH ST SAN FRANCISCO, CA 94114</u>	94-2971280	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>STOPGAP</u>							
<u>2900 BRISTOL ST # D105 COSTA MESA, CA 92626</u>	95-3377296	501C(3)	9,600.				PROJECT WHOLE
<u>STREET LEVEL HEALTH PROJECT</u>							
<u>2501 INTERNATIONAL BLVD OAKLAND, CA 94601</u>	56-2324355	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>STUDENTS RUN AMERICA</u>							
<u>6505 MELZAR AVE RESEDA, CA 91335</u>	95-4430502	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>SUNNYHILLS NEIGHBORHOOD IMPROVEMENT ASSOC</u>							
<u>918 BOAR CIRCLE FREMONT, CA 94539</u>	77-0493926	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SUNSET DISTRICT COMMUNITY DEVELOPMENT</u>							
<u>3918 JUDAH ST SAN FRANCISCO, CA 94122</u>	93-1004117	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>SUPPORT FOR HARBOR AREA WOMENS LIVES SHAWL</u>							
<u>936 CENTRE ST SAN PEDRO, CA 90731</u>	33-0407659	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SUSAN G KOMEN BREAST CANCER FDN</u>							
<u>2443 FAIR OAKS BLVD SACRAMENTO, CA 95825</u>	94-3169358	501C(3)	10,000.				RACE FOR THE CURE
<u>SUSTAINABLE COMMUNITY GARDENS</u>							
<u>752 S MARY AVE SUNNYVALE, CA 94087-1602</u>	55-0886675	501C(3)	20,000.				FULL CIRCLE FARM
<u>SUSTAINABLE ECONOMIC ENTERPRISES OF LA</u>							
<u>6605 HOLLYWOOD BLVD LOS ANGELES, CA 90028</u>	95-4597000	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>SVC OPPORT FOR SENIORS SOSMEALS ON WHEELS</u>							
<u>1435 GROVE WAY HAYWARD, CA 94546</u>	94-1725204	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>TAIWAN BUDDHIST TZU CHI MEDICAL FDN</u>							
<u>1000 S GARFIELD AVE ALHAMBRA, CA 91801</u>	95-4457939	501C(3)	80,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAIWAN BUDDHIST TZU CHI MEDICAL FDN							
7421 N MAPLE AVE FRESNO, CA 93720-0115	95-4457939	501C(3)	85,000.				CB PROGRAM SUPPORT
TARGET EXCELLENCE							
7442 INGALLS WAY SACRAMENTO, CA 95831-4765	68-0468717	501C(3)	27,960.				CB PROGRAM SUPPORT
TARZANA TREATMENT CENTER							
18646 OXNARD ST TARZANA, CA 91356	94-2210349	501C(3)	25,000.				CB PROGRAM SUPPORT
TERRANCE TK KELLY YOUTH FDN							
360 S HARBOR WAY RICHMOND, CA 94801	20-1772303	501C(3)	25,000.				CB PROGRAM SUPPORT
THE AIDS HOSPICE FDN							
6255 W SUNSET BLVD LOS ANGELES, CA 90028	95-4112121	501C(3)	35,000.				CB PROGRAM SUPPORT
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC							
7900 EDGEWATER DR OAKLAND, CA 94621-2004	94-2960297	501C(3)	5,500.				CB PROGRAM SUPPORT
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC							
7900 EDGEWATER DR OAKLAND, CA 94621-2004	94-2960297	501C(3)	75,000.				CB PROGRAM SUPPORT
THE ALBERT SCHWITZER FELLOWSHIP							
330 BROOKLINE AVE BOSTON, MA 02215	13-1982786	501C(3)	63,333.				CB PROGRAM SUPPORT
THE ALLIANCE FOR CHILDRENS RIGHTS							
3333 WILSHIRE BLVD LOS ANGELES, CA 90010	95-4358213	501C(3)	75,000.				CB PROGRAM SUPPORT
THE CA HEALTH CARE SAFETYNET INSTITUTE							
70 WASHINGTON ST # 215 OAKLAND, CA 94607	94-2970752	501C(3)	10,763.				CB PROGRAM SUPPORT
THE CA HEALTH CARE SAFETYNET INSTITUTE							
70 WASHINGTON ST # 215 OAKLAND, CA 94607	94-2970752	501C(3)	250,000.				CB PROGRAM SUPPORT
THE CA HEALTH CARE SAFETYNET INSTITUTE							
70 WASHINGTON ST # 215 OAKLAND, CA 94607	94-2970752	501C(3)	250,000.				CB PROGRAM SUPPORT
THE CA HEALTH CARE SAFETYNET INSTITUTE							
70 WASHINGTON ST # 215 OAKLAND, CA 94607	94-2970752	501C(3)	12,500.				CONFERENCE SUPPORT
THE CHILDRENS CENTER OF THE ANTELOPE VALLEY							
45111 FERN AVE LANCASTER, CA 93534	95-4212759	501C(3)	10,000.				CB PROGRAM SUPPORT
THE COMMUNITY CLINIC CONSORTIUM OF CC							
3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501C(3)	20,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY CLINIC CONSORTIUM OF CC 3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501C(3)	20,000.				CB PROGRAM SUPPORT
THE COMMUNITY CLINIC CONSORTIUM OF CC 3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501C(3)	80,000.				CB PROGRAM SUPPORT
THE COMMUNITY CLINIC CONSORTIUM OF CC 3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501C(3)	300,000.				CB PROGRAM SUPPORT
THE COMMUNITY FDN 4280 LATHAM SUITE C RIVERSIDE, CA 92501	33-0748536	501C(3)	50,000.				CB PROGRAM SUPPORT
THE DAVIS STREET COMMUNITY CENTER INC 3081 TEAGARDEN ST SAN LEANDRO, CA 94577	94-3121699	501C(3)	7,000.				CB PROGRAM SUPPORT
THE DAVIS STREET COMMUNITY CENTER INC 3081 TEAGARDEN ST SAN LEANDRO, CA 94577	94-3121699	501C(3)	25,000.				CB PROGRAM SUPPORT
THE ECOLOGY CENTER 2530 SAN PABLO AVE BERKELEY, CA 94702	94-1703351	501C(3)	25,000.				CB PROGRAM SUPPORT
THE EFFORT INC 1820 J ST SACRAMENTO, CA 95811	94-1713704	501C(3)	223,270.				CB PROGRAM SUPPORT
THE EFFORT INC 1822 J ST SACRAMENTO, CA 95811	94-1713704	501C(3)	90,000.				FQHC CAPACITY
THE ELI HOME INC 1175 N EAST ST ANAHEIM, CA 92805	33-0189254	501C(3)	7,500.				CB PROGRAM SUPPORT
THE FDN FOR COMMUNITY & FAMILY HEALTH 815 W SIXTH ST 110 CORONA, CA 92882	33-0071575	501C(3)	15,000.				CB PROGRAM SUPPORT
THE FRIENDS OF THE CA STATE FAIR 1600 EXPOSITION BLVD SACRAMENTO, CA 95815	94-2722656	501C(3)	15,000.				CB PROGRAM SUPPORT
THE HEALTH TRUST 2105 S BASCOM AVE # 220 CAMPBELL, CA 95008	94-6050231	501C(3)	15,000.				CB PROGRAM SUPPORT
THE HEALTH TRUST 2105 S BASCOM AVE # 220 CAMPBELL, CA 95008	94-6050231	501C(3)	30,000.				CB PROGRAM SUPPORT
THE HEALTH TRUST 2105 S BASCOM AVE # 220 CAMPBELL, CA 95008	94-6050231	501C(3)	99,200.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INST FOR THE STUDY OF HUMAN KNOWLEDGE 334 STATE ST SUITE 205 LOS ALTOS, CA 94023	94-1705600	501C(3)	90,000.				CB PROGRAM SUPPORT
THE INTERNATIONAL INSTITUTE OF THE BAY AREA 449 15TH ST SUITE 303 OAKLAND, CA 94612	94-1156554	501C(3)	14,000.				CB PROGRAM SUPPORT
THE LINK TO CHILDREN 470 27TH ST OAKLAND, CA 94612	94-2224033	501C(3)	14,500.				CB PROGRAM SUPPORT
THE MAR VISTA INSTITUTE 5075 S SLADSON AVE CULVER CITY, CA 90230	95-2647443	501C(3)	11,000.				CB PROGRAM SUPPORT
THE MORGAN CENTER 2280 KENWOOD AVE SAN JOSE, CA 94541	94-1722448	501C(3)	7,500.				CB PROGRAM SUPPORT
THE OAKLAND MUSEUM OF CA FDN 1000 OAK ST OAKLAND, CA 94607	94-3094513	GOVERNMENT	20,000.				CB PROGRAM SUPPORT
THE SALVATION ARMY LODI CORPS 525 W LOCKEFORD ST LODI, CA 95240-1946	94-1156347	OTHER	50,000.				CB PROGRAM SUPPORT
THE SAN FRANCISCO FDN 225 BUSH ST # 500 SAN FRANCISCO, CA 94101	01-0679337	501C(3)	150,000.				CB PROGRAM SUPPORT
THE TRIVALLEY COMMUNITY FDN 5674 STONERIDGE DR 112 PLEASANTON, CA 94588	91-2078642	501C(3)	10,000.				CB PROGRAM SUPPORT
THE TRIVALLEY COMMUNITY FDN 5674 STONERIDGE DR 112 PLEASANTON, CA 94588	91-2078642	501C(3)	28,000.				CB PROGRAM SUPPORT
THE TRIVALLEY COMMUNITY FDN 5674 STONERIDGE DR 112 PLEASANTON, CA 94588	91-2078642	501C(3)	30,000.				CB PROGRAM SUPPORT
THE TUCKER MAXON ORAL SCHOOL 2860 SE HOLGATE BLVD PORTLAND, OR 97202	93-0391592	501C(3)	20,000.				CB PROGRAM SUPPORT
THE UCLA FDN 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-2250801	501C(3)	8,520.				CB PROGRAM SUPPORT
THE VACAVILLE NEIGHBORHOOD BOYS & GIRLS 1625 ALAMO DR VACAVILLE, CA 95687	13-4223488	501C(3)	15,000.				CB PROGRAM SUPPORT
THE WALLACE MEDICAL CONCERN 254 NW BURNSIDE GRESHAM, OR 97030	93-0853709	501C(3)	7,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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2009 MLK DAY

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) RC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WALLACE MEDICAL CONCERN 254 NW BURNSIDE GRESHAM, OR 97030	93-0853709	501C(3)	25,000.				CB PROGRAM SUPPORT
THE WALNUT CREEK FOUNTAIN FOR YOUTH FDN 100 PRINGLE AVE# 340 WALNUT CREEK, CA 94596	68-0276670	501C(3)	20,000.				CB PROGRAM SUPPORT
THE WELLNESS COMMUNITY SF EAST BAY 3276 MCNUTT AVE WALNUT CREEK, CA 94597	68-0157858	501C(3)	25,000.				CB PROGRAM SUPPORT
TIBURCIO VASQUEZ HEALTH CENTER 33255 NINTH ST UNION CITY, CA 94587	23-7118361	501C(3)	38,354.				CB PROGRAM SUPPORT
TIBURCIO VASQUEZ HEALTH CENTER 33255 NINTH ST UNION CITY, CA 94587	94-3309906	501C(3)	25,000.				CB PROGRAM SUPPORT
TIBURCIO VASQUEZ HEALTH CENTER 33255 NINTH ST UNION CITY, CA 94587	94-3309906	501C(3)	25,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	25,000.				CB PROGRAM SUPPORT
TIDES CENTER 206 COLLINS ST RICHMOND, CA 94801	94-3213100	501C(3)	14,997.				GROWING PEACH
TIDES CENTER 2140 SHATTUCK AVE # 610 BERKELEY, CA 94704	94-3213100	501C(3)	72,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	14,100.				HYSTERIA 2009
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	10,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	10,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	50,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	100,000.				CB PROGRAM SUPPORT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C(3)	100,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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<u>TIDES CENTER</u>							
<u>1014 TORNEY AVE SAN FRANCISCO, CA 94129</u>	<u>94-3213100</u>	<u>501C(3)</u>	<u>100,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TIDES CENTER</u>							
<u>1014 TORNEY AVE SAN FRANCISCO, CA 94129</u>	<u>94-3213100</u>	<u>501C(3)</u>	<u>148,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TIDES CENTER</u>							
<u>1014 TORNEY AVE SAN FRANCISCO, CA 94129</u>	<u>94-3213100</u>	<u>501C(3)</u>	<u>375,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TIMBER POINT ELEMENTARY</u>							
<u>40 NEWBURY LANE DISCOVERY BAY, CA 94505</u>	<u>68-0342034</u>	<u>GOVERNMENT</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TOBERMAN NEIGHBORHOOD CENTER INC</u>							
<u>131 N GRAND SAN PEDRO, CA 90731</u>	<u>95-1643387</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TOMAS RIVERA POLICY INSTITUTE LA</u>							
<u>650 CHILDS WAY LOS ANGELES, CA 90089</u>	<u>95-4019627</u>	<u>501C(3)</u>	<u>9,210.</u>				<u>ANNUAL FUNDRAISER</u>
<u>TOMAS RIVERA POLICY INSTITUTE LA</u>							
<u>650 CHILDS WAY LOS ANGELES, CA 90089</u>	<u>95-4019627</u>	<u>501C(3)</u>	<u>95,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TOWNSPEOPLE</u>							
<u>3960 PARK BLVD SUITE B SAN DIEGO, CA 92103</u>	<u>33-0623634</u>	<u>501C(3)</u>	<u>7,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TRAINING AND HEALTH EDUCATION CTR FOR YOUTH</u>							
<u>751 LAUREL ST # 544 SAN CARLOS, CA 94070</u>	<u>94-2972752</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TRAINING INST FOR LEADERSHIP ENRICHMENT</u>							
<u>920 PERALTA ST # 2A OAKLAND, CA 94607</u>	<u>68-0437852</u>	<u>501C(3)</u>	<u>15,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TRANSPORTATION AND LAND USE COALITION</u>							
<u>405 14TH ST SUITE 605 OAKLAND, CA 94612</u>	<u>72-1521579</u>	<u>501C(3)</u>	<u>95,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TRAUMA PREVENTION FUND</u>							
<u>5901 RIVER OAK WAY CARMICHAEL, CA 95608</u>	<u>20-3702658</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TREE FRESNO</u>							
<u>776 E SHAW AVE 102 FRESNO, CA 93710-7714</u>	<u>77-0160804</u>	<u>501C(3)</u>	<u>10,000.</u>				<u>CB PROGRAM SUPPORT</u>
<u>TRICITY HEALTH CENTER</u>							
<u>39500 LIBERTY ST FREMONT, CA 94538</u>	<u>23-7255435</u>	<u>501C(3)</u>	<u>25,000.</u>				<u>HEART ALIVE!</u>
<u>TRICITY HEALTH CENTER</u>							
<u>39500 LIBERTY ST FREMONT, CA 94538</u>	<u>23-7255435</u>	<u>501C(3)</u>	<u>7,500.</u>				<u>CB PROGRAM SUPPORT</u>

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SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>TRICITY HEALTH CENTER</u>							
39500 LIBERTY ST FREMONT, CA 94538	23-7255435	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>TRICITY HEALTH CENTER</u>							
39500 LIBERTY ST FREMONT, CA 94538	23-7255435	501C(3)	60,000.				CB PROGRAM SUPPORT
<u>TRICITY HEALTH CENTER</u>							
39500 LIBERTY ST FREMONT, CA 94538	23-7255435	501C(3)	102,372.				DI INITIATIVE
<u>TRICITY HOMELESS COALITION</u>							
40849 FREMONT BLVD FREMONT, CA 94538	94-3087060	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>TRUST FOR PUBLIC LAND</u>							
116 NEW MONTGOMERY ST S FRANCISCO, CA 94105	23-7222333	501C(3)	150,000.				CB PROGRAM SUPPORT
<u>TRUST FOR PUBLIC LAND</u>							
116 NEW MONTGOMERY ST S FRANCISCO, CA 94105	23-7222333	501C(3)	250,000.				CB PROGRAM SUPPORT
<u>UC BERKELEY FDN</u>							
2223 FULTON ST 327 BERKELEY, CA 94704	94-6090626	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>UC SAN FRANCISCO</u>							
1001 POTRERO AVE SAN FRANCISCO, CA 94110	94-6036493	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>UC SAN FRANCISCO</u>							
1001 POTRERO AVE SAN FRANCISCO, CA 94110	94-6036493	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>UC COOPERATIVE EXTENSION</u>							
1111 FRANKLIN ST OAKLAND, CA 94607	94-6036494	GOVERNMENT	10,000.				WINDSOR BLOCO
<u>UNITED AGAINST SEXUAL ASSAULT</u>							
835 PINER RD SANTA ROSA, CA 95403-2063	94-2437947	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>UNITED HEALTH CENTERS OF SAN JOAQUIN VALLEY</u>							
2801 SILVER ST ANDERSON, CA 96007	94-1732538	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>UNITED HEALTH CENTERS OF SAN JOAQUIN VALLEY</u>							
650 ZEDIKER AVE PARLIER, CA 93648-2639	94-1732538	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>UNITED IUMIEN COMMUNITY INC</u>							
6000 LEMON HILL AVE SACRAMENTO, CA 95824	68-0364879	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>UNITED NEGRO COLLEGE FUND</u>							
220 MONTGOMERY ST SAN FRANCISCO, CA 94104	13-1624241	501C(3)	25,000.				CB PROGRAM SUPPORT

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

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94-1105628

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UNITED SENIORS OF OAKLAND & ALAMEDA COUNTY 7200 BANCROFT AVE # 178 OAKLAND, CA 94605	94-3092404	501C(3)	10,000.				CB PROGRAM SUPPORT
UNITED SENIORS OF OAKLAND & ALAMEDA COUNTY 7200 BANCROFT AVE # 178 OAKLAND, CA 94605	94-3092404	501C(3)	15,000.				CB PROGRAM SUPPORT
UNITED STATES CATHOLIC CONFERENCE MERCY FDN 551 SHANLEY CT BAKERSFIELD, CA 93311	77-0201321	501C(3)	10,000.				CB PROGRAM SUPPORT
UNITED WAY OF GREATER LA 523 W SIXTH ST LOS ANGELES, CA 90014	95-2274801	501C(3)	10,000.				CONFERENCE SUPPORT
UNITED WAY OF THE COLUMBIA WILLAMETTE 619 SW 11TH STE 300 PORTLAND, OR 97205	93-0582124	501C(3)	175,136.				CB PROGRAM SUPPORT
UNITED WAY OF THE STANISLAUS AREA 422 MCHENRY AVE MODESTO, CA 95354	94-1212129	501C(3)	50,000.				CB PROGRAM SUPPORT
UNITED WAY OF THE WINE COUNTRY 751 FOURTH ST SANTA ROSA, CA 95404-4407	94-1669646	501C(3)	20,000.				CB PROGRAM SUPPORT
UNITED WAY OF VENTURA COUNTY 1317 DEL NORTE # 100 CAMARILLO, CA 93010	95-1945833	501C(3)	7,500.				CB PROGRAM SUPPORT
UNITED WAY OF VENTURA COUNTY 1317 DEL NORTE # 100 CAMARILLO, CA 93010	95-1945833	501C(3)	7,500.				CB PROGRAM SUPPORT
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE # 250 SAN JOSE, CA 95126	94-1450153	501C(3)	45,000.				CB PROGRAM SUPPORT
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE # 250 SAN JOSE, CA 95126	94-1450153	501C(3)	149,980.				CB PROGRAM SUPPORT
UNIVERSITY MUSLIM MEDICAL ASSOC INC 711 W FLORENCE AVE LOS ANGELES, CA 90044	95-4666712	501C(3)	14,000.				CB PROGRAM SUPPORT
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST SAN FRANCISCO, CA 94117	94-1156628	501C(3)	9,000.				EVENT SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 925 W 34TH ST LOS ANGELES, CA 90089	95-1642394	501C(3)	80,000.				CB PROGRAM SUPPORT
US HELPING US-PEOPLE INTO LIVING INC 3636 GEORGIA AVE NW WASHINGTON, DC 20010	52-1628279	501C(3)	10,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>VACAVILLE UNIFIED SCHOOL DISTRICT</u>							
751 SCHOOL ST VACAVILLE, CA 95688-3945	74-3092244	GOVERNMENT	62,942.				CB PROGRAM SUPPORT
<u>VACAVILLE UNIFIED SCHOOL DISTRICT</u>							
751 SCHOOL ST VACAVILLE, CA 95688-3945	74-3092244	GOVERNMENT	100,000.				CB PROGRAM SUPPORT
<u>VALLEY COMMUNITY CLINIC</u>							
6801 COLDWATER CANYN AVE N HOLLYWD, CA 91605	23-7050082	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>VALLEY COMMUNITY CLINIC</u>							
6801 COLDWATER CANYN AVE N HOLLYWD, CA 91605	23-7050082	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>VENICE FAMILY CLINIC</u>							
604 ROSE AVE VENICE, CA 90291	95-2769432	501C(3)	12,000.				CB PROGRAM SUPPORT
<u>VENICE FAMILY CLINIC</u>							
604 ROSE AVE VENICE, CA 90291	95-2769432	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>VENTURA COUNTY MEDICAL RESOURCE FDN</u>							
2000 OUTLET CENTER DR# 222 OXNARD, CA 93036	95-6096141	501C(3)	8,750.				CB PROGRAM SUPPORT
<u>VENTURA COUNTY MEDICAL RESOURCE FDN</u>							
2000 OUTLET CENTER DR# 222 OXNARD, CA 93036	95-6096141	501C(3)	8,750.				CB PROGRAM SUPPORT
<u>VICTOR VALLEY COMMUNITY DENTAL SVC PROGRAM</u>							
14357 7TH ST VICTORVILLE, CA 92392	33-0858710	501C(3)	9,500.				CB PROGRAM SUPPORT
<u>VICTOR VALLEY COMMUNITY DENTAL SVC PROGRAM</u>							
14357 7TH ST VICTORVILLE, CA 92392	33-0858710	501C(3)	80,000.				CB PROGRAM SUPPORT
<u>VIRGINIA GARCIA MEMORIAL FDN</u>							
328 W MAIN ST SUITE 300 HILLSBORO, OR 97123	91-2077840	GOVERNMENT	250,000.				CB PROGRAM SUPPORT
<u>VIRTUAL BREAST CANCER ORG</u>							
7 E LANCASTER AVE 3RD FL ARDMORE, PA 19003	23-3082851	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>VISION Y COMPROMISO</u>							
2536 EDWARDS AVE EL CERRITO, CA 94530	32-0071651	501C(3)	90,000.				CB PROGRAM SUPPORT
<u>VISION Y COMPROMISO</u>							
2536 EDWARDS AVE EL CERRITO, CA 94530	32-0071651	501C(3)	25,000.				CONFERENCE SUPPORT
<u>VISTA COMMUNITY CLINIC</u>							
1000 VALE TERRACE VISTA, CA 92084	95-2815615	501C(3)	7,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

Employer identification number

94-1105628

KAISER FOUNDATION HOSPITALS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>VISTA COMMUNITY CLINIC</u>							
1000 VALE TERRACE VISTA, CA 92084	95-2815615	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>VISTA COMMUNITY CLINIC</u>							
1000 VALE TERRACE VISTA, CA 92084	95-2815615	501C(3)	50,464.				CB PROGRAM SUPPORT
<u>VISTA COMMUNITY CLINIC</u>							
1000 VALE TERRACE VISTA, CA 92084	95-2815615	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>VISTA COMMUNITY CLINIC</u>							
1000 VALE TERRACE VISTA, CA 92084	95-2815615	501C(3)	500,000.				CB PROGRAM SUPPORT
<u>VOLUNTEER CENTER OF NAPA COUNTY INC</u>							
1820 JEFFERSON ST NAPA, CA 94559	23-7350985	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>VOLUNTEER CENTER OF ORANGE COUNTY</u>							
1901 E FOURTH ST # 100 SANTA ANA, CA 92705	95-2021700	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>VOLUNTEER CENTER OF ORANGE COUNTY</u>							
1901 E FOURTH ST # 100 SANTA ANA, CA 92705	95-2021700	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>VOLUNTEER CENTER OF ORANGE COUNTY</u>							
1901 E FOURTH ST # 100 SANTA ANA, CA 92705	95-2021700	501C(3)	165,400.				CB PROGRAM SUPPORT
<u>VOLUNTEERS OF AMERICA BAY AREA INC</u>							
472 7TH ST OAKLAND, CA 94607	94-1279807	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>WALK SAN DIEGO</u>							
740 13TH ST SUITE 220 SAN DIEGO, CA 92107	46-0505205	501C(3)	100,000.				CB PROGRAM SUPPORT
<u>WATTS HEALTHCARE CORP</u>							
10300 S COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501C(3)	23,320.				CB PROGRAM SUPPORT
<u>WATTS HEALTHCARE CORP</u>							
10300 S COMPTON AVE LOS ANGELES, CA 90002	75-3046480	501C(3)	75,000.				CB PROGRAM SUPPORT
<u>WEAVE INC</u>							
1900 K ST SACRAMENTO, CA 95814	94-2493158	501C(3)	14,600.				CB PROGRAM SUPPORT
<u>WEIGH OF LIFE</u>							
2369 BARRETT AVE RICHMOND, CA 94804	20-3752206	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>WELL IN THE DESERT</u>							
1911 E BARIATO PALMSPRINGS, CA 92262	33-0694580	501C(3)	10,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

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Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(e) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>WELLNESS COMMUNITYFOOTHILLS INC</u>							
200 E DEL MAR AVE # 118 PASADENA, CA 91105	95-4201985	501C(3)	10,000.				CONFERENCE SUPPORT
<u>WEST COAST SPORTS MEDICINE FDN</u>							
1200 ROSECRANS AVE MANHATTAN BCH, CA 90266	95-4497009	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>WEST CONTRA COSTA PUBLIC EDUCATION FUND</u>							
540 ASHBURY AVE EL CERRITO, CA 94530-3221	66-0005307	501C(3)	8,500.				CB PROGRAM SUPPORT
<u>WEST COUNTY HEALTH CENTERS INC</u>							
14045 MILL ST GUERNEVILLE, CA 95401	23-7310613	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>WEST MARIN SENIOR SVCS</u>							
11435 STATE ROUTE ONE PT REYES ST, CA 94956	51-0192320	501C(3)	10,000.				SENIOR CASE MGT
<u>WEST OAKLAND HEALTH COUNCIL INC</u>							
700 ADELINE ST OAKLAND, CA 94607-2608	94-1667294	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>WEST VALLEY BOYS & GIRLS CLUB</u>							
7245 REMMET ST CANOGA PARK, CA 91303	95-4419365	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>WESTCARE CALIFORNIA INC</u>							
4944 E CLINTON WAY 101 FRESNO, CA 93727	23-7358450	501C(3)	45,000.				CB PROGRAM SUPPORT
<u>WESTERN JUSTICE CENTER FDN</u>							
55 S GRAND AVE PASADENA, CA 91105	95-4176583	501C(3)	14,250.				ANNUAL FUNDRAISER
<u>WESTMINSTER FREE CLINIC</u>							
5560 NAPOLEON AVE OAK PARK, CA 91377	77-0563241	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>WESTMINSTER FREE CLINIC</u>							
5560 NAPOLEON AVE OAK PARK, CA 91377	77-0563241	501C(3)	7,500.				CB PROGRAM SUPPORT
<u>WESTMINSTER FREE CLINIC</u>							
5560 NAPOLEON AVE OAK PARK, CA 91377	77-0563241	501C(3)	30,000.				CB PROGRAM SUPPORT
<u>WESTMOOR HIGH SCHOOL</u>							
131 WESTMOOR AVE DALY CITY, CA 94015	94-3083722	501C(3)	14,628.				CB PROGRAM SUPPORT
<u>WESTSIDE FAMILY HEALTH CENTER</u>							
1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>WESTSIDE FAMILY HEALTH CENTER</u>							
1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C(3)	12,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITTIER RIO MONDO AIDS PROJECT 9200 COLIMA RD STE 104 WHITTIER, CA 90605	95-4438637	501C(3)	8,937.				CB PROGRAM SUPPORT
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 90744	95-3137803	501C(3)	15,000.				CB PROGRAM SUPPORT
WIND YOUTH SVCS 701 DIXIEKANE AVE SACRAMENTO, CA 95815-3121	55-0844444	501C(3)	25,000.				CB PROGRAM SUPPORT
WINTERS HEALTHCARE FDN 310 MAIN ST WINTERS, CA 95694	68-0454670	501C(3)	86,253.				QI INITIATIVE
WOMEN AT RISK 5183 OVERLAND AVE # B CULVER CITY, CA 90203	95-4337234	501C(3)	6,000.				CB PROGRAM SUPPORT
WOMENS BREAST CANCER RESOURCE CENTER 41785 ELM ST SUITE 305 MURRIETA, CA 92562	33-0951216	501C(3)	10,000.				CB PROGRAM SUPPORT
WOMENS CENTER OF SAN JOAQUIN 620 N SAN JOAQUIN ST STOCKTON, CA 95202	94-2341360	501C(3)	48,000.				CB PROGRAM SUPPORT
WOMENS CENTER OF SAN JOAQUIN 620 N SAN JOAQUIN ST STOCKTON, CA 95202	94-2341360	501C(3)	50,000.				CB PROGRAM SUPPORT
WOMENS INITIATIVE FOR SELF EMPLOYMENT 1398 VALENCIA ST SAN FRANCISCO, CA 94110	94-3081525	501C(3)	33,500.				CB PROGRAM SUPPORT
WOMENS INITIATIVE FOR SELF EMPLOYMENT 1398 VALENCIA ST SAN FRANCISCO, CA 94110	94-3081525	501C(3)	90,000.				CB PROGRAM SUPPORT
WOMENS RESOURCE CENTER 1963 APPLE ST OCEANSIDE, CA 92054	95-2932237	501C(3)	35,000.				CB PROGRAM SUPPORT
WORKER EDUCATION AND RESOURCE CENTER INC 500 S VIRGIL AVE# 200 LOS ANGELES, CA 90020	95-4888539	501C(3)	75,000.				CB PROGRAM SUPPORT
WORKFORCE DEVT CORP SE LA COUNTY 10900 E 183RD ST # 350 CERRITOS, CA 90703	33-0287492	501C(3)	50,000.				CB PROGRAM SUPPORT
WORKSITE WELLNESS LA 5955 S WESTERN AVE LOS ANGELES, CA 90047	55-0802354	501C(3)	25,000.				CB PROGRAM SUPPORT
YMCA OF EAST BAY 263 SO 20TH ST RICHMOND, CA 94804	94-1156317	501C(3)	21,118.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>YMCA OF SAN DIEGO COUNTY</u>							
4715 VIEWRIDGE AVE# 100 SAN DIEGO, CA 92123	95-2039198	501C(3)	5,615.				CB PROGRAM SUPPORT
<u>YMCA OF SANTA CLARA VALLEY</u>							
1922 THE ALAMEDA 3RD FL SAN JOSE, CA 95126	94-1156318	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE EAST BAY</u>							
263 SO 20TH ST RICHMOND, CA 94804	94-1156317	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE EAST BAY</u>							
263 SO 20TH ST RICHMOND, CA 94804	94-1156317	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE MID PENINSULA</u>							
1445 HUDSON ST REDWOOD CITY, CA 94061	94-1212140	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE MID PENINSULA</u>							
1445 HUDSON ST REDWOOD CITY, CA 94061	94-1212140	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE MID PENINSULA</u>							
1445 HUDSON ST REDWOOD CITY, CA 94061	94-1212140	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE MID PENINSULA</u>							
2400 GRANT RD MOUNTAIN VIEW, CA 94040	94-1212140	501C(3)	16,000.				CB PROGRAM SUPPORT
<u>YMCA SAN PEDRO & PENINSULA</u>							
301 S BANDINI ST SAN PEDRO, CA 90731	95-1644052	501C(3)	9,890.				CB PROGRAM SUPPORT
<u>YMCA SAN PEDRO & PENINSULA</u>							
301 S BANDINI ST SAN PEDRO, CA 90731	95-1644052	501C(3)	10,000.				HEALTH EDUCATION CEN
<u>YOLO COMMUNITY CARE CONTINUUM</u>							
168 COLLEGE ST DAVIS, CA 95695	94-2623205	501C(3)	12,000.				SAFE HARBOR
<u>YOLO COUNTY CHILDRENS ALLIANCE</u>							
600 A ST SUITE Y DAVIS, CA 94616-3648	68-0526185	501C(3)	25,000.				CB PROGRAM SUPPORT
<u>YOLO COUNTY CHILDRENS ALLIANCE</u>							
600 A ST SUITE Y DAVIS, CA 94616-3648	68-0526185	501C(3)	50,000.				CB PROGRAM SUPPORT
<u>YOSEMITE RIDGE AT CAMP WAWONA</u>							
1450 CLOVIS AVE SUITE 211 CLOVIS, CA 93612	20-1105731	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>YOSEMITE RIDGE AT CAMP WAWONA</u>							
1450 CLOVIS AVE SUITE 211 CLOVIS, CA 93612	20-1105731	501C(3)	40,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>YOUNG & HEALTHY</u>							
37 N HOLLISTON AVE PASADENA, CA 91106	95-4527969	501C(3)	40,000.				CB PROGRAM SUPPORT
<u>YMCA OF METRO</u>							
1127 N AVALON BLVD WILMINGTON, CA 90744	95-1644052	501C(3)	9,890.				CB PROGRAM SUPPORT
<u>YMCA OF METRO LA</u>							
1000 W ARTESIA BLVD GARDENA, CA 90248	95-1644052	501C(3)	19,876.				CB PROGRAM SUPPORT
<u>YMCA OF METRO LA</u>							
11531 S DOWNEY AVE DOWNEY, CA 90241	95-1644052	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YMCA OF METRO LA</u>							
2000 W BEVELRY BLVD MONTEBELLO, CA 90640	95-1644052	501C(3)	9,500.				CB PROGRAM SUPPORT
<u>YMCA OF METRO LA</u>							
2900 W SEPULVEDA BLVD TORRANCE, CA 90505	95-1644052	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YMCA OF METRO LA</u>							
6901 LENNOX AVE VAN NUYS, CA 91405	95-1644052	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>YMCA OF THE EAST BAY</u>							
4725 FIRST ST # 200 PLEASANTON, CA 94566	94-1156317	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YOUTH ALIVE</u>							
3300 ELM ST OAKLAND, CA 94609	94-3143254	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YOUTH ALIVE</u>							
3300 ELM ST OAKLAND, CA 94609	94-3143254	501C(3)	98,000.				CB PROGRAM SUPPORT
<u>YOUTH AND FAMILY ENRICHMENT SVCS</u>							
610 ELM ST # 212 SAN CARLOS, CA 94070	94-3094966	501C(3)	15,000.				CB PROGRAM SUPPORT
<u>YOUTH AND FAMILY SVCS INC</u>							
1017 TENNESSEE ST VALLEJO, CA 94590	94-2793548	501C(3)	20,000.				CB PROGRAM SUPPORT
<u>YOUTH ENRICHMENT STRATEGIES</u>							
2811 MACDONALD AVE RICHMOND, CA 94804	03-0458294	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YOUTH LEADERSHIP INSTITUTE</u>							
555 NORTHGATE DR # 265 SAN RAFAEL, CA 94903	68-0184712	501C(3)	10,000.				CB PROGRAM SUPPORT
<u>YOUTH LEADERSHIP INSTITUTE</u>							
555 NORTHGATE DR # 265 SAN RAFAEL, CA 94903	68-0184712	501C(3)	100,000.				CB PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.) Page 2

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations

- ☐ Written employment contract
☐ Compensation survey or study
☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3TOP MANAGEMENT OFFICIALS' COMPENSATION

KAISER FOUNDATION HOSPITALS RELIED ON KAISER FOUNDATION HEALTH PLAN, INC

THAT USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE TOP

MANAGEMENT OFFICIALS' COMPENSATION:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY, AND
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE J, PART I, LINE 4-ASEVERANCE PAYMENTS

CLIFFORD DODD \$957,231

LAURENCE O'NEIL \$830,355

DAVID WATSON \$463,405

JANICE HEAD \$289,779

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c; 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ANDREW DEEMS \$283,015

CAROLYN KENNY \$259,272

SUSAN RYAN \$238,846

THEODORE WISE \$229,950

ARDE FARBOD \$188,184

ROBERT GOLDSTEIN \$158,594

DEBORAH ASPLING \$ 48,158

SCHEDULE J, PART I, LINE 4-B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS

DANIEL GARCIA \$1,203,891

GEORGE HALVORSON \$1,237,500

STEVEN ZATKIN \$ 942,497

BERNARD TYSON \$ 940,810

ANDREW DEEMS \$ 881,957

LOUISE LIANG \$ 552,503

GERALD MCCALL \$ 527,005

LAURENCE O'NEIL \$ 396,701

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

MARY ANN THODE \$ 363,951

RAYMOND BAXTER \$ 360,957

CAROLYN KENNY \$ 256,754

MARILYN KAWAMURA \$ 231,289

BETTIE COLES \$ 226,186

JULIE MILLER-PHIPPS \$ 221,335

ARTHUR SOUTHAM \$ 216,841

JERRY FLEMING \$ 207,942

JUDITH COFFEY \$ 205,610

HERMAN WEIL \$ 201,757

EDWARD GLAVIS \$ 191,232

KATHRYN LANCASTER \$ 175,273

PHILIP FASANO \$ 169,207

ROBERT GOLDSTEIN \$ 165,224

DEBORAH STOKES \$ 164,551

CHRISTINE MALCOLM \$ 147,311

BENJAMIN CHU \$ 137,146

LINDA JENSEN \$ 119,128

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

GREGORY ADAMS	\$ 115,053
JUDITH MEARS	\$ 114,432
TERRY AUSTEN	\$ 107,078
ANDREW MCCULLOCH	\$ 106,353
ROBERT CRANE	\$ 104,748
PATRICIA KENNEDY-SCOTT	\$ 103,424
MITCHELL GOODSTEIN	\$ 102,205
DONNA LYNNE	\$ 101,142
PAUL RECORDS	\$ 99,632
GARRY HURLBUT	\$ 91,539
JANET LIANG	\$ 84,957
DIANE GAGE LOFGREN	\$ 73,989
ELIZABETH FINLEY	\$ 73,668
PETER ANDRUSZKIEWICZ	\$ 66,100
ARDE FARBOD	\$ 58,191
WILLIAM CASWELL	\$ 42,780
CAROL RIZZO	\$ 40,492
THOMAS MEIER	\$ 39,947

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

MARY ANN BARNES	\$	39,854
NATHANIEL OUBRE	\$	38,550
COLLEEN MCKEOWN	\$	36,522
ROSWITHA CALHAN	\$	33,267
CORWIN HARPER	\$	33,237
CHRISTINE ROBISCH	\$	32,656
CARLOS ZARAGOZA	\$	30,691
CHADWICK NESTMAN	\$	27,609
SANDRA GOLZE	\$	27,417
STANLEY WATSON	\$	26,017
RICHARD DANIELS	\$	23,934
JANICE HEAD	\$	657

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information
regarding compensation.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY A ADAMS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	460,247.	260,572.	101,891.	148,786.	13,027.	984,523.	210,572.
PETER ANDRUSZKIEWICZ	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	390,751.	261,788.	63,808.	95,951.	12,260.	824,558.	NONE
DEBORAH L ASPLING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	240,574.	51,243.	99,775.	31,947.	13,690.	437,229.	NONE
TERRY L AUSTEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	249,628.	81,614.	38,301.	152,507.	13,690.	535,740.	NONE
MARY ANN BARNES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	302,034.	78,538.	38,683.	96,073.	13,690.	529,018.	NONE
RAYMOND J BAXTER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	458,427.	446,245.	349,263.	238,937.	13,690.	1,506,562.	721,979.
ROSWITHA CALHAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	248,311.	106,286.	39,072.	76,600.	13,027.	483,296.	NONE
CHRISTINE K. CASSEL, MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	163,750.	NONE	NONE	NONE	NONE	163,750.	NONE
WILLIAM B CASWELL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	313,946.	113,392.	53,148.	73,679.	11,762.	565,927.	NONE
THOMAS W. CHAPMAN, EDD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	144,400.	NONE	16,174.	68,750.	NONE	229,324.	NONE
BENJAMIN K CHU	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	468,002.	392,166.	59,322.	173,019.	11,762.	1,104,271.	407,666.
JUDITH L COFFEY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	279,430.	108,651.	111,269.	174,723.	13,690.	687,763.	NONE
BETTIE J COLES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	318,561.	132,320.	129,927.	185,910.	13,691.	780,409.	241,333.
ROBERT M CRANE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	275,098.	413,814.	156,631.	23,392.	5,164.	874,099.	539,371.
RICHARD D DANIELS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	200,266.	50,000.	97,312.	36,473.	12,702.	396,753.	NONE
ANDREW W DEEMS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	121,944.	159,700.	1,204,724.	172,739.	23,691.	1,682,798.	497,898.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

SCHEDULE J-1
(Form 990)

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information
regarding compensation.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CLIFFORD J DODD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	957,231.	NONE	12,790.	970,021.	957,231.
STEVEN DOSHAY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	175,999.	38,896.	5,437.	33,473.	11,762.	265,567.	38,896.
PAULETTE EMERY	(i)	425,588.	NONE	NONE	19,399.	12,794.	457,781.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARDE FARBOD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	56,569.	64,728.	272,037.	11,130.	13,694.	418,158.	NONE
PHILIP FASANO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	591,887.	246,034.	135,792.	186,510.	13,533.	1,173,756.	246,034.
ELIZABETH JANE FINLEY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	252,316.	104,757.	92,645.	69,353.	11,762.	530,833.	NONE
JERRY C FLEMING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	375,067.	371,774.	190,410.	155,060.	13,690.	1,106,001.	503,464.
DANIEL P. GARCIA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	366,253.	335,117.	1,189,301.	179,055.	11,970.	2,081,696.	1,239,969.
EDWARD S GLAVIS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	268,906.	142,082.	184,397.	107,358.	13,690.	716,433.	NONE
ROBERT GOLDSTEIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	91,901.	70,378.	351,866.	120,516.	13,690.	648,351.	NONE
SANDRA A GOLZE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	210,709.	44,262.	36,149.	60,111.	13,690.	364,921.	NONE
MITCHELL J GOODSTEIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	372,817.	287,805.	65,979.	138,709.	13,690.	879,000.	295,568.
WILLIAM R. GRABER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	196,250.	NONE	11,566.	NONE	NONE	207,816.	NONE
J. EUGENE GRIGSBY, III, P	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	221,150.	NONE	3,030.	NONE	NONE	224,180.	NONE
GEORGE C. HALVORSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,132,896.	3,375,668.	1,317,156.	46,724.	12,702.	5,885,146.	3,385,154.
CORWIN NATHANIEL HARPER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	264,282.	97,263.	53,392.	59,563.	12,702.	487,202.	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JANICE L HEAD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	305,584.	NONE	8,527.	314,111.	305,584.
GARRY L HURLBUT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	316,627.	147,664.	219,810.	104,525.	13,690.	802,316.	224,300.
LINDA J JENSEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	259,143.	102,225.	124,006.	85,987.	13,690.	585,051.	NONE
JUDITH A. JOHANSEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	184,750.	NONE	11,386.	NONE	NONE	196,136.	NONE
MARILYN KAWAMURA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	343,025.	321,388.	177,930.	161,268.	11,679.	1,015,290.	456,510.
PATRICIA KENNEDY-SCOTT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	339,951.	239,520.	58,253.	137,989.	16,458.	792,171.	255,020.
CAROLYN M KENNY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	168,777.	809,792.	547,793.	565,957.	46,541.	2,138,860.	1,016,746.
KATHRYN LANCASTER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	545,871.	606,732.	43,222.	208,336.	13,690.	1,417,851.	607,349.
KEITH A LEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	146,849.	46,068.	100,537.	25,154.	9,853.	328,461.	56,992.
JANET A LIANG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	346,758.	68,622.	56,255.	94,947.	9,853.	576,435.	65,833.
LOUISE LIANG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	564,579.	599,468.	333,595.	305,745.	13,690.	1,817,077.	888,512.
DIANE E GAGE LOFGREN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	334,981.	114,973.	56,528.	103,907.	12,702.	623,091.	130,473.
DONNA LYNNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	343,883.	311,120.	42,798.	134,137.	14,138.	846,076.	311,120.
CHRISTINE L MALCOLM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	368,980.	86,984.	128,203.	288,546.	13,690.	886,403.	245,341.
PHILIP A. MARINEAU	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	181,250.	NONE	11,566.	NONE	NONE	192,816.	NONE
GERALD A MCCALL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	316,387.	145,138.	504,028.	114,071.	11,762.	1,091,386.	272,558.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information
regarding compensation.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREW R MCCULLOCH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	349,196.	106,537.	196,041.	164,113.	13,643.	829,530.	142,049.
COLLEEN M MCKEOWN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	286,253.	103,841.	55,545.	78,342.	13,690.	537,671.	NONE
JUDITH M MEARS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	207,836.	95,894.	107,424.	122,886.	12,702.	546,742.	157,502.
THOMAS R MEIER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	257,251.	214,717.	57,257.	69,668.	13,027.	611,920.	219,308.
JULIE MILLER-PHIPPS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	294,015.	126,566.	200,725.	80,785.	11,762.	713,853.	NONE
JENNY J. MING	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	167,250.	NONE	11,566.	NONE	NONE	178,816.	NONE
WAYNE D MORRIS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	30,205.	121,550.	16,763.	9,125.	5,331.	182,974.	121,550.
CHADWICK HENRY NESTMAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	243,086.	26,094.	115,381.	62,504.	12,702.	459,767.	NONE
INDRAJIT OBEYSEKERE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	191,498.	41,686.	14,255.	30,464.	12,702.	290,605.	41,686.
LAURENCE O'NEILL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	37,252.	1,227,017.	1,609,581.	7,722.	12,790.	2,894,362.	2,737,611.
NATHANIEL L OUBRE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	279,052.	126,434.	31,042.	71,078.	13,690.	521,296.	NONE
CHRISTINE J PAIGE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	332,841.	165,194.	27,299.	284,622.	13,690.	823,646.	167,768.
EDWARD PEI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	170,500.	NONE	NONE	15,500.	NONE	186,000.	NONE
J. NEAL PURCELL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	236,876.	NONE	325.	NONE	NONE	237,201.	NONE
PAUL B RECORDS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	423,452.	112,301.	54,582.	128,435.	12,702.	731,472.	112,301.
CAROL J RIZZO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	332,169.	52,999.	52,334.	61,987.	13,690.	513,179.	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

SCHEDULE J-1
(Form 990)

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTINE ROBISCH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	252,843.	69,641.	31,409.	64,214.	12,702.	430,809.	NONE
ROCHELLE ROTH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	116,152.	15,567.	22,674.	20,860.	13,690.	188,943.	12,567.
JACQUELINE SELLERS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	152,475.	20,911.	47,456.	39,643.	12,702.	273,187.	38,327.
ARTHUR M SOUTHAM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	679,813.	883,545.	63,069.	248,703.	11,225.	1,886,355.	887,341.
DEBORAH STOKES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	278,007.	178,237.	149,787.	102,540.	13,027.	721,598.	286,139.
CYNTHIA A. TELLES, PH.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	201,650.	NONE	8,189.	NONE	NONE	209,839.	NONE
MARY ANN THODE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	454,002.	506,837.	409,727.	56,408.	13,690.	1,440,664.	870,788.
SANDRA P. THOMPkins	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	122,825.	NONE	11,362.	56,675.	NONE	190,862.	NONE
BERNARD J TYSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	627,705.	786,911.	996,570.	235,852.	13,690.	2,660,728.	1,504,843.
DAVID WATSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	463,405.	NONE	12,790.	476,195.	463,405.
STANLEY B WATSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	190,036.	31,089.	56,360.	78,857.	13,690.	370,032.	NONE
HERMAN M WEIL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	299,280.	168,498.	136,928.	187,128.	12,351.	804,185.	261,270.
THEODORE E WISE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	229,950.	NONE	5,901.	235,851.	229,950.
CARLOS ZARAGOZA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	210,011.	56,908.	56,148.	94,713.	11,762.	429,542.	56,908.
STEVEN R ZATKIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	516,044.	558,242.	555,302.	533,116.	12,393.	2,175,097.	1,067,290.
VICTORIA B ZATKIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	174,106.	28,485.	44,310.	42,573.	2,198.	291,672.	48,094.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer Identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>CHRISTINE K. CASSEL, MD</u> DIRECTOR	6.	X						NONE	163,750.	NONE
<u>THOMAS W. CHAPMAN, EDD</u> DIRECTOR	6.	X						NONE	160,574.	68,750.
<u>DANIEL P. GARCIA</u> DESIGNATED DIRECTOR	40.	X		X				NONE	1,890,671.	191,025.
<u>WILLIAM R. GRABER</u> DIRECTOR	6.	X						NONE	207,816.	NONE
<u>J. EUGENE GRIGSBY, III, PH.D.</u> DIRECTOR	6.	X						NONE	224,180.	NONE
<u>GEORGE C. HALVORSON</u> CHAIRMAN & CEO	40.	X		X				NONE	5,825,720.	59,426.
<u>JUDITH A. JOHANSEN</u> DIRECTOR	6.	X						NONE	196,136.	NONE
<u>KIM J. KAISER</u> DIRECTOR	6.	X						NONE	127,000.	NONE
<u>PHILIP A. MARINEAU</u> DIRECTOR	6.	X						NONE	192,816.	NONE
<u>JENNY J. MING</u> DIRECTOR	6.	X						NONE	178,816.	NONE
<u>EDWARD PEI</u> DIRECTOR	6.	X						NONE	170,500.	15,500.
<u>J. NEAL PURCELL</u> DIRECTOR	6.	X						NONE	237,201.	NONE
<u>CYNTHIA A. TELLES, PH.D.</u> DIRECTOR	6.	X						NONE	209,839.	NONE
<u>SANDRA P. THOMPSON</u> DIRECTOR	6.	X						NONE	134,187.	56,675.
<u>GREGORY A ADAMS</u> REGIONAL PRESIDENT - NCAL	40.			X				NONE	822,710.	161,813.
<u>PETER ANDRUSZKIEWICZ</u> REGIONAL PRESIDENT - GA	40.			X				NONE	716,347.	108,211.
<u>RAYMOND J BAXTER</u> SVP - COMMUNITY BENEFIT	40.			X				NONE	1,253,935.	252,627.
<u>BENJAMIN K CHU</u> REGIONAL PRESIDENT - SCAL	40.			X				NONE	919,490.	184,781.
<u>STEVEN DOSHAY</u> SENIOR COUNSEL	40.			X				NONE	220,332.	45,235.
<u>PHILIP FASANO</u> SVP & CIO	40.			X				NONE	973,713.	200,043.
<u>JERRY C FLEMING</u> SVP, HEALTH PLAN MANAGER	40.			X				NONE	937,251.	168,750.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer Identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER GARDNER ASSISTANT SECRETARY	40.			X				NONE	97,200.	27,667.
SANDRA A GOLZE VP, REGIONAL COUNSEL - NCAL	40.			X				NONE	291,120.	73,801.
MITCHELL J GOODSTEIN SVP, ACTUARIAL, U/W & PRICING	40.			X				NONE	726,601.	152,399.
MARILYN KAWAMURA REGIONAL PRESIDENT - MAS	40.			X				NONE	842,343.	172,947.
PATRICIA KENNEDY-SCOTT REGIONAL PRESIDENT - OH	40.			X				NONE	637,724.	154,447.
CAROLYN M KENNY REGIONAL PRESIDENT - GA	40.			X				NONE	1,526,362.	612,498.
KATHRYN LANCASTER EVP - CHIEF FINANCIAL OFFICER	40.			X				NONE	1,195,825.	222,026.
KEITH A LEE VP, LEGAL SERVICES - HI	40.			X				NONE	293,454.	35,007.
JANET A LIANG REGIONAL PRESIDENT - HI	40.			X				NONE	471,635.	104,800.
LOUISE LIANG SVP, Q & C SYSTEMS SUPPORT	40.			X				NONE	1,497,642.	319,435.
DIANE E GAGE LOFGREN SVP, BRAND MGT & COMMUNICATION	40.			X				NONE	506,482.	116,609.
DONNA LYNNE REGIONAL PRESIDENT - CO	40.			X				NONE	697,801.	148,275.
CHRISTINE L MALCOLM SVP, HOSP STRATEGY & NAT FACIL	40.			X				NONE	584,167.	302,236.
ANDREW R MCCULLOCH REGIONAL PRESIDENT - NW	40.			X				NONE	651,774.	177,756.
THOMAS R MEIER SVP & TREASURER	40.			X				NONE	529,225.	82,695.
INDRAJIT OBEYSEKERE ASSISTANT SECRETARY	40.			X				NONE	247,439.	43,166.
PAUL B RECORDS SVP, HUMAN RESOURCES	40.			X				NONE	590,335.	141,137.
ROCHELLE ROTH ASSISTANT SECRETARY	40.			X				NONE	154,393.	34,550.
JACQUELINE SELLERS SENIOR COUNSEL	40.			X				NONE	220,842.	52,345.
ARTHUR M SOUTHAM EVP - HP OPERATIONS	40.			X				NONE	1,626,427.	259,928.
DEBORAH STOKES VP, CONTROLLER & CAO	40.			X				NONE	606,031.	115,567.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer Identification number

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN THODE										
SVP - OFFICE OF LMP	40.			X				NONE	1,370,566.	70,098.
BERNARD J TYSON										
EVP - HP & HOSPITAL OPERATIONS	40.			X				NONE	2,411,186.	249,542.
HERMAN M WEIL										
SVP, FEDERAL & STATE PROGRAMS	40.			X				NONE	604,706.	199,479.
CARLOS ZARAGOZA										
VP, PRACT LEADER - LABOR & EMP	40.			X				NONE	323,067.	106,475.
STEVEN R ZATKIN										
SVP, GEN COUNSEL & SECRETARY	40.			X				NONE	1,629,588.	545,509.
VICTORIA B ZATKIN										
DIR BOD SVCS & ASST SECRETARY	40.			X				NONE	246,901.	44,771.
DEBORAH L ASPLING										
SVP, AREA MGR - SAC/ROSEVILLE	40.			X				NONE	391,592.	45,637.
TERRY L AUSTEN										
SVP & AREA MGR - SANTA TERESA	40.			X				NONE	369,543.	166,197.
MARY ANN BARNES										
SVP, AREA MGR - SANTA CLARA	40.			X				NONE	419,255.	109,763.
ROSWITHA CALHAN										
SVP, AREA MGR - NAPA/SOLANO	40.			X				NONE	393,669.	89,627.
WILLIAM B CASWELL										
SVP, OPERATIONS SCAL	40.			X				NONE	480,486.	85,441.
JUDITH L COFFEY										
SVP & AREA MGR - MARIN/SONOMA	40.			X				NONE	499,350.	188,413.
BETTIE J COLES										
SVP & AREA MGR - EAST BAY	40.			X				NONE	580,808.	199,601.
RICHARD D DANIELS										
SVP, BIO - HP & HOSP OPERATION	40.			X				NONE	347,578.	49,175.
ANDREW W DEEMS										
SVP, OPS & INNOVATIONS	40.			X				NONE	1,486,368.	196,430.
ELIZABETH JANE FINLEY										
SVP & EXEC DIR - BELLFLOWER	40.			X				NONE	449,718.	81,115.
EDWARD S GLAVIS										
SVP & AREA MGR - NORTH VALLEY	40.			X				NONE	595,385.	121,048.
CORWIN NATHANIEL HARPER										
SVP & AREA MGR- CENTRAL VALLEY	40.			X				NONE	414,937.	72,265.
LINDA J JENSEN										
SVP & AREA MGR - SAN MATEO	40.			X				NONE	485,374.	99,677.
GERALD A MCCALL										
SVP, OPERATIONS SCAL	40.			X				NONE	965,553.	125,833.
COLLEEN M MCKEOWN										
SVP & AREA MGR- S ALAMEDA	40.			X				NONE	445,639.	92,032.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

Employer Identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>JULIE MILLER-PHIPPS</u>					X			NONE	621,306.	92,547.
<u>SVP & EXEC DIR - ORANGE</u>	40.				X			NONE	621,306.	92,547.
<u>NATHANIEL L OUBRE</u>					X			NONE	436,528.	84,768.
<u>SVP & EXEC DIR - SAN DIEGO</u>	40.				X			NONE	436,528.	84,768.
<u>CAROL J RIZZO</u>					X			NONE	437,502.	75,677.
<u>SVP, CTO</u>	40.				X			NONE	437,502.	75,677.
<u>CHRISTINE ROBISCH</u>					X			NONE	353,893.	76,916.
<u>SVP & AREA MGR - SAN FRANCISCO</u>	40.				X			NONE	353,893.	76,916.
<u>STANLEY B WATSON</u>					X			NONE	277,485.	92,547.
<u>VP, DIR OF KPFI</u>	40.				X			NONE	277,485.	92,547.
<u>PAULETTE EMERY</u>						X		425,588.	NONE	32,193.
<u>STAFF NURSE II, SHORT HR</u>	40.					X		425,588.	NONE	32,193.
<u>ARDE FARBOD</u>						X		NONE	393,334.	24,824.
<u>VP, INF OFFICER - BUS INFRASTR</u>	40.					X		NONE	393,334.	24,824.
<u>ROBERT GOLDSTEIN</u>						X		NONE	514,145.	134,206.
<u>VP, BIO CARE DELIVERY</u>	40.					X		NONE	514,145.	134,206.
<u>GARRY L HURLBUT</u>						X		NONE	684,101.	118,215.
<u>SVP, CHIEF OPERATIONS OFFICER</u>	40.					X		NONE	684,101.	118,215.
<u>CHADWICK HENRY NESTMAN</u>						X		NONE	384,561.	75,206.
<u>VP, CHIEF ARCHITECT</u>	40.					X		NONE	384,561.	75,206.
<u>ROBERT M CRANE</u>							X	NONE	845,543.	28,556.
<u>SVP & DIRECTOR</u>							X	NONE	845,543.	28,556.
<u>CLIFFORD J DODD</u>							X	NONE	957,231.	12,790.
<u>SVP, SYSTEMS & ADMIN</u>							X	NONE	957,231.	12,790.
<u>JANICE L HEAD</u>							X	NONE	305,584.	8,527.
<u>REGION PRESIDENT - HI</u>							X	NONE	305,584.	8,527.
<u>JUDITH M MEARS</u>							X	NONE	411,154.	135,588.
<u>VP & ASST GEN COUNSEL</u>							X	NONE	411,154.	135,588.
<u>WAYNE D MORRIS</u>							X	NONE	168,518.	14,456.
<u>ASSISTANT SECRETARY</u>							X	NONE	168,518.	14,456.
<u>LAURENCE O'NEILL</u>							X	NONE	2,873,850.	20,512.
<u>SVP, HUMAN RESOURCES</u>							X	NONE	2,873,850.	20,512.
<u>CHRISTINE J PAIGE</u>							X	NONE	525,334.	298,312.
<u>SVP, MARKETING & ADV SERVICES</u>							X	NONE	525,334.	298,312.
<u>DAVID WATSON</u>							X	NONE	463,405.	12,790.
<u>SVP - CTO</u>							X	NONE	463,405.	12,790.
<u>THEODORE E WISE</u>							X	NONE	229,950.	5,901.
<u>SVP, HP STRAT & PROD INNOV</u>							X	NONE	229,950.	5,901.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

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**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911RW2	08/06/2003	60,000,000.	FINANCE HEALTH CARE FACILITY		X		X
B CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911RX0	08/06/2003	46,600,000.	FINANCE HEALTH CARE FACILITY		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911RY8	08/06/2003	48,960,000.	FINANCE HEALTH CARE FACILITY		X		X
D CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911RZ5	08/06/2003	57,500,000.	FINANCE HEALTH CARE FACILITY		X		X
E CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WJ5	03/30/2004	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

Employer identification number

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WN6	03/30/2004	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X
B CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WH9	03/30/2004	100,000,000.	FINANCE HEALTH CARE FACILITY		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WP1	03/30/2004	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X
D CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WD8	03/30/2004	100,000,000.	FINANCE HEALTH CARE FACILITY		X		X
E CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WE6	03/30/2004	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

Employer identification number

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA HEALTH FACS FING AUTH	52-1643828	13033FK41	06/08/2006	100,000,000.	FINANCE HEALTH CARE FACILITY		X		X
B CALIFORNIA HEALTH FACS FING AUTH	52-1643828	13033FK58	06/08/2006	100,000,000.	FINANCE HEALTH CARE FACILITY		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309112G4	06/08/2006	300,000,000.	FINANCE HEALTH CARE FACILITY		X		X
D CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309112H2	06/08/2006	400,000,000.	FINANCE HEALTH CARE FACILITY		X		X
E CALIFORNIA HEALTH FACS FING AUTH	52-1643828	13033FK74	06/08/2006	325,000,000.	FINANCE HEALTH CARE FACILITY		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

Employer identification number

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309112R0	06/08/2006	100,000,000.	FINANCE HEALTH CARE FACILITY		X		X
B CALIFORNIA HEALTH FACS FING AUTH	52-1643828	13033FK66	06/08/2006	175,000,000.	FINANCE HEALTH CARE FACILITY		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116M7	02/01/2007	73,330,000.	FINANCE HEALTH CARE FACILITY		X		X
D CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116N5	02/01/2007	149,340,000.	FINANCE HEALTH CARE FACILITY		X		X
E CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116P0	02/01/2007	251,240,000.	FINANCE HEALTH CARE FACILITY		X		X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

Employer identification number

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795SZ1	05/01/2008	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X
B CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795TA5	05/01/2008	200,000,000.	FINANCE HEALTH CARE FACILITY		X		X
C CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795TP2	05/01/2008	150,000,000.	FINANCE HEALTH CARE FACILITY		X		X
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

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2008

**Open To Public
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK MALCOLM	KFHP INC EMPLOYEE	91,275.	COMPENSATION		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

COMPLIANCE ENFORCEMENT

PART VI, LINE 12C

REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF

INTEREST POLICY

KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF

INTEREST POLICY IN 3 KEY WAYS:

1. THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES

AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL

CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S

NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES

CAN REPORT ANONYMOUSLY AND WITHOUT FEAR OF RETALIATION. REPORTS OF ACTUAL

OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE

CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE

IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID CONFLICTS OF INTEREST.

COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE

KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS ANNUALLY.

2. THE SENIOR VICE PRESIDENT & CHIEF COMPLIANCE OFFICER AND THE VICE

PRESIDENT OF INTERNAL AUDIT SERVICES ANNUALLY REVIEW THE DIRECTORS',

OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST

QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS

REQUIRED. INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE

IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED; IN ADDITION, CONFLICTS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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**Open to Public
Inspection**

Employer identification number

OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO
THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS
ANNUALLY; AND

3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, KPMG REVIEWS THE
ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES COMPLETED BY DIRECTORS,
OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF
THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS
IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/
HOSPITALS AUDIT AND COMPLIANCE COMMITTEE.

REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF
INTEREST POLICY

TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE
USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE:

A. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY
ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE
BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES.

B. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES
POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW
EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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C. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE
OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE
LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES,
OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR
MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY
INCLUDE, BUT IS NOT LIMITED TO:

- ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE
SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM
- WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING
- PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING
- TERMINATION OF EMPLOYMENT

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL. SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION. THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED. THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHICH EVALUATES AND APPROVES PRIOR TO PAYMENT ALL PROGRAMS AND PAYMENTS TO CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS (EXECUTIVES).

BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET. IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS. THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED AT THE MEDIAN OF THE COMPARABLE EXTERNAL MARKET IN WHICH THE ORGANIZATION COMPETES FOR EXECUTIVE LEADERSHIP. EVALUATION OF COMPARABLE PAY DATA IS PERFORMED BY AN INDEPENDENT COMPENSATION, BENEFIT & HUMAN RESOURCE CONSULTING FIRM. THE COMPENSATION PROGRAM FOCUSES ON OBJECTIVES IN THE AREAS OF QUALITY OF MEMBER CARE AND SERVICE, FINANCIAL SOUNDNESS, AND THE COMMUNITY AND SOCIAL MISSION OF THE ORGANIZATION.

Name of the organization

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94-1105628**FAMILY AFFILIATIONS****PART VI, SECTION A, LINE 2****NAME: STEVEN R ZATKIN****FAMILY MEMBER AFFILIATION:****SPOUSE: OFFICER OF KFHP INC., KFHP AND SUBSIDIARIES****NAME: VICTORIA ZATKIN****FAMILY MEMBER AFFILIATION:****SPOUSE: SENIOR VP, GENERAL COUNSEL AND OFFICER OF KFHP, KFHP INC. AND****REGIONAL HEALTH PLANS****NAME: PHILIP FASANO****FAMILY MEMBER AFFILIATION:****CHILD, SUMMER INTERN, FINANCE**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS**94-1105628****PUBLIC INSPECTIONS****PART VI, SECTION C, LINE 19****GOVERNING DOCUMENTS - ARE AVAILABLE AS PROVIDED TO THE CALIFORNIA****SECRETARY OF STATE ON STATE AGENCY WEBSITE OR UPON REQUEST.****CONFLICT OF INTEREST IS AVAILABLE ON KP WEBSITE UNDER VENDOR PRINCIPLES****OF RESPONSIBILITY OR UPON REQUEST.****FINANCIAL STATEMENTS ARE ON FILE WITH THE STATE REGULATORY AGENCY.****COMBINED DATA IS PUBLISHED FOR KAISER FOUNDATION HEALTH PLAN INC. AND****SUBSIDIARIES AND KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES WITH AUDIT****OPINION BY KPMG.****TO REQUEST COPIES CONTACT:****TAX DIRECTOR****KAISER FOUNDATION HEALTH PLAN AND HOSPITALS****ONE KAISER PLAZA, STE 15L****OAKLAND, CA 94612**

Name of the organization

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KAISER FOUNDATION HOSPITALS

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FORM 990 REVIEW PROCESS

PART VI, SECTION A, LINE 10

1. KEY INFORMATION NECESSARY FOR THE PREPARATION OF THE TAX RETURN IS OBTAINED AND/OR CONFIRMED WITH INTERNAL SOURCES INCLUDING REGIONAL FINANCE, EXECUTIVE COMPENSATION, COMMUNITY BENEFITS, TREASURY, GOVERNMENT RELATIONS, AND LEGAL
2. COMMUNITY BENEFITS DETAILS ARE PRESENTED TO THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD FOR REVIEW
3. EXECUTIVE COMPENSATION DETAILS ARE PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD FOR REVIEW
4. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY A KPMG TAX ADVISOR
5. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY THE VP, CONTROLLER AND CHIEF ACCOUNTING OFFICER
6. THE TAX RETURN IS DISCUSSED WITH THE FULL BOARD OF DIRECTORS. A COPY OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER IN ELECTRONIC FORMAT PRIOR TO FILING

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KAISER FOUNDATION HOSPITALS

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EXEMPT PURPOSE ACHIEVEMENTS (PART 1)

PART III, LINE 4A-D

2008 COMMUNITY BENEFIT REPORT

KAISER FOUNDATION HOSPITALS

THE COMMUNITY BENEFIT PROGRAMS IN CALIFORNIA, HAWAII, OREGON AND
WASHINGTON

IN 2008, KAISER PERMANENTE SPENT APPROXIMATELY \$1.2 BILLION OR
APPROXIMATELY 2.94% OF REVENUE TO SUPPORT THE COMMUNITY BENEFIT PROGRAM
IN THE HOSPITAL-BASED REGIONS, CALIFORNIA, HAWAII, OREGON, AND
WASHINGTON, KFH SPENT \$529 MILLION. A BREAKDOWN OF THE 2008 COMMUNITY
BENEFIT DOLLARS ATTRIBUTABLE TO KFH FOR ITS HOSPITAL-BASED REGIONS
(CALIFORNIA, HAWAII, OREGON AND WASHINGTON) IS PROVIDED AT THE END OF THE
COMMUNITY BENEFIT REPORT.

THE FOLLOWING IDENTIFIES MANY OF THE SIGNATURE COMMUNITY BENEFIT PROGRAMS
AND SERVICES, GROUPED ACCORDING TO THE NATIONAL STREAMS OF WORK, FUNDED
BY KFH.

CARE AND COVERAGE FOR LOW-INCOME PEOPLE
THERE ARE ROUGHLY 46 MILLION AMERICANS WITHOUT ACCESS TO HEALTH CARE OR
COVERAGE. UNINSURED, LOW-INCOME INDIVIDUALS AND FAMILIES WHO ARE NOT
ELIGIBLE FOR PUBLIC PROGRAMS OFTEN HAVE TO RELY ON TRADITIONAL CHARITY
CARE. FREQUENTLY, INDIVIDUALS IN THIS SITUATION MAY WAIT TO SEEK MEDICAL
CARE UNTIL THEIR CONDITIONS BECOME CRITICAL, AND END UP IN HOSPITAL

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KAISER FOUNDATION HOSPITALS

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EMERGENCY ROOMS FOR TREATMENT OF CONDITIONS THAT ARE PREVENTABLE OR
EASILY TREATED IN EARLIER STAGES. IN 2008, KFH SPENT \$538 MILLION TO
ADDRESS THE FINANCING AND DELIVERY OF HEALTH CARE FOR POPULATIONS
VULNERABLE DUE TO SOCIO-ECONOMIC STATUS, ILLNESS, ETHNICITY, AGE, OR
OTHER FACTORS. PROGRAM BENEFICIARIES (UNDER- AND UNINSURED) RECEIVED
FREE OR DISCOUNTED CARE IN A KAISER PERMANENTE FACILITY OR BY A
PERMANENTE PROVIDER.

FOLLOWING ARE HIGHLIGHTS OF THE PROGRAMS AND SERVICES PROVIDED TO
VULNERABLE POPULATIONS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON:

CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH
COVERAGE)

KFH PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH
THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS.

IN 2008, KFH CARED FOR NEARLY 26,750 CHARITY CARE APPLICANTS AND 93,897
CHARITABLE COVERAGE MEMBERS. KFH CONTRIBUTED \$106 MILLION TO HELP THESE
PATIENTS PAY FOR CARE PROVIDED IN KAISER PERMANENTE FACILITIES IN
CALIFORNIA, HAWAII, OREGON AND WASHINGTON.

- MEDICAL FINANCIAL ASSISTANCE (MFA)

KFH CONTRIBUTED APPROXIMATELY \$50 MILLION TO ASSIST PATIENTS WITH LIMITED
OR NO RESOURCES TO PAY FOR CARE PROVIDED IN KAISER PERMANENTE FACILITIES.

EACH HOSPITAL-BASED REGION OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES
AND INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL
CARE ON AN IMMEDIATE AND NONRECURRING BASIS. KAISER PERMANENTE EXPANDED
ITS CHARITY CARE PROGRAM TO INCLUDE DISCOUNTED CHARGES FOR UNINSURED

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PATIENTS BELOW 400% OF THE FEDERAL POVERTY GUIDELINES AND ALIGNED
CONTRACTED COLLECTION AGENCY PRACTICES WITH KAISER PERMANENTE SOCIAL
VALUES. THE AMOUNT REPORTED UNDER THIS CATEGORY IS ONLY PART OF THE FUNDS
SPENT BY KFH FOR THE POOR AND UNINSURED. THE ORGANIZATION'S COMMITMENT TO
CHARITABLE CARE IS ALSO REFLECTED IN A VARIETY OF OTHER PROGRAMS AND
INITIATIVES SUCH AS THE CHARITABLE HEALTH COVERAGE PROGRAM AND GRANTS AND
DONATIONS TO COMMUNITY CLINICS AND OTHER SAFETY NET PROVIDERS.

THE MFA PROGRAM IN CALIFORNIA STRIVES TO ASSIST FAMILIES AND INDIVIDUALS
WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL CARE ON AN
IMMEDIATE AND NONRECURRING BASIS. THE PROGRAM IS DESIGNED TO ASSIST AS
MANY PATIENTS AS REASONABLY POSSIBLE AND IS GENERALLY AVAILABLE TO PEOPLE
IN GREATEST FINANCIAL NEED, INCLUDING THOSE EXPERIENCING UNUSUAL OR
UNFORTUNATE CIRCUMSTANCES. IN CALIFORNIA, THE MFA PROGRAM'S ELIGIBILITY
CRITERIA ALLOWS PATIENTS BELOW 350% OF THE FEDERAL POVERTY GUIDELINES
(FPG) TO RECEIVE FULL WRITE OFF, THAT UNINSURED PATIENTS WHO DO NOT
QUALIFY FOR MFA BUT MAKE LESS THE 400% FPG WILL RECEIVE UP TO A 70%
DISCOUNT ON CHARGES AND THAT ANY PATIENT EXPERIENCING FINANCIAL HARDSHIP
DUE TO UNREASONABLE MEDICAL EXPENSES RELATIVE TO THEIR INCOME MAY QUALIFY
FOR THE PROGRAM UNDER "SPECIAL CIRCUMSTANCES". IN 2008, THE PROGRAM
PROVIDED 21,615 MFA AWARDS.

IN OREGON AND WASHINGTON, THE MFA PROGRAM HELPS PAY THE MEDICAL AND
DENTAL EXPENSES OF PATIENTS, BOTH MEMBER AND NON-MEMBER, WHO MEET
QUALIFYING GUIDELINES BY PAYING FOR SERVICES AT FACILITIES OWNED AND/OR
OPERATED BY THE NORTHWEST HEALTH PLAN AND KFH. THE LENGTH OF FINANCIAL
ASSISTANCE IS BASED ON INDIVIDUAL NEED. AT THE END OF THE FINANCIAL

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ASSISTANCE AWARD PERIOD, THE PATIENT MAY APPLY FOR AN EXTENSION. IN 2008, KFH SPENT \$4.5 MILLION TO PROVIDE 4,839 AWARDS TO INDIVIDUALS WHO QUALIFIED FOR ASSISTANCE.

THE MFA PROGRAM IN HAWAII HELPS PEOPLE WITH VERY LIMITED OR NO FINANCIAL RESOURCES TO OBTAIN MEDICALLY NECESSARY CARE. THE PROGRAM IS OPEN TO MEMBERS AND NONMEMBERS WHO CAN NOT PAY FOR ALL OR PART OF THE COST OF HEALTH CARE SERVICES AND SUPPLIES. INDIVIDUALS APPLYING FOR THE PROGRAM HAVE TO EXHAUST PRIVATE OR PUBLIC SOURCES OF SUPPORT AND MUST MEET THE FINANCIAL ELIGIBILITY CRITERIA. IN 2008, THE MFA PROGRAM IN HAWAII PROVIDED 300 AWARDS.

- CHARITABLE HEALTH COVERAGE PROGRAM

CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PEOPLE IN THE COMMUNITY. PARTICIPANTS RECEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF OUR SERVICES AND PROVIDERS-A MUCH BETTER ALTERNATIVE TO A BRIEF AND COSTLY EMERGENCY ROOM VISITS OR HOSPITALIZATION. THIS ALLOWS US TO INVEST IN THE LONGER TERM HEALTH OF PATIENTS AND THE COMMUNITY.

SINCE THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE LIVES OF LOW-INCOME PEOPLE WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE. IN 2008, APPROXIMATELY 93,897 LOW-INCOME ADULTS AND CHILDREN WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE RECEIVED HEALTH CARE COVERAGE THROUGH ONE OF KAISER PERMANENTE'S CHARITABLE HEALTH COVERAGE PROGRAMS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON. KFH CONTRIBUTED \$56 MILLION TO PROVIDE SUBSIDIZED

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CARE FOR THESE UNDERSERVED POPULATIONS IN 2008.

THE STEPS PLAN AND KAISER PERMANENTE CHILD HEALTH PLAN ARE THE SPECIFIC PRODUCTS THAT FORM THE CHARITABLE HEALTH COVERAGE PROGRAMS IN CALIFORNIA.

KAISER PERMANENTE STEPS PLAN - THE STEPS PLAN PROVIDED 20,436 MEMBERS THE OPPORTUNITY TO CONTINUE THEIR HEALTH CARE COVERAGE AT REDUCED COST WHEN EXPERIENCING FINANCIAL DIFFICULTY DUE TO JOB LOSS, INVOLUNTARY REDUCTION IN WORK HOURS, LEGAL SEPARATION, DIVORCE OR DEATH OF A SPOUSE. TYPICALLY, PARTICIPANTS ARE NOT ELIGIBLE FOR ANY PUBLIC OR PRIVATE GROUP HEALTH INSURANCE PLAN, AND HAVE FAMILY INCOME BETWEEN 100% AND 300% OF THE FEDERAL POVERTY GUIDELINES. THE PLAN IS AVAILABLE TO PARENTS OF CHILDREN ENROLLED IN AIM, HEALTHY FAMILIES OR KAISER PERMANENTE CHILD HEALTH PLAN AS WELL AS TO INDIVIDUALS PARTICIPATING IN VOCATIONAL TRAINING PROGRAMS OFFERED THROUGH GOVERNMENT, PRIVATE INDUSTRY COUNCILS AND SOCIAL AGENCIES. THE STEPS PLAN PREMIUM IS SUBSIDIZED AT FOUR LEVELS OR STEPS: 20%, 40%, 60%, AND 80%. PARTICIPANTS ARE PLACED IN AN INITIAL PREMIUM STEP BASED ON THEIR CURRENT FAMILY INCOME. THEY REMAIN AT THE INITIAL STEP FOR ONE YEAR AND ARE THEN MOVED TO THE NEXT HIGHER STEP.

KAISER PERMANENTE CHILD HEALTH PLAN (KPCHP) - THE CHILD HEALTH PLAN PROVIDES MEDICAL AND DENTAL COVERAGE TO ELIGIBLE CHILDREN (BIRTH THROUGH 18) IN FAMILIES WITH INCOME UP TO 300% OF THE FEDERAL POVERTY GUIDELINES WHO DO NOT HAVE ACCESS TO EMPLOYER-SUBSIDIZED COVERAGE AND DO NOT QUALIFY FOR PUBLIC PROGRAMS BECAUSE OF FAMILY INCOME OR IMMIGRATION STATUS. CHILD HEALTH PLAN PROVIDES COMPREHENSIVE BENEFITS INCLUDING PREVENTIVE CARE,

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INPATIENT AND OUTPATIENT SERVICES, PRESCRIPTION DRUGS, AND VISION AND
 DENTAL CARE. PREMIUMS ARE \$8 OR \$15 PER CHILD PER MONTH, DEPENDING ON
 FAMILY INCOME, FOR A MAXIMUM OF THREE CHILDREN (ADDITIONAL CHILDREN ARE
 COVERED FREE OF CHARGE). IN 2008, APPROXIMATELY 65,719 CHILDREN RECEIVED
 CARE AND COVERAGE THROUGH THIS PROGRAM.

KFH COMMITTED \$2.7 MILLION TO PROVIDE SUBSIDIZED COVERAGE TO 7,742
 LOW-INCOME ADULTS AND CHILDREN WHO ARE NOT ELIGIBLE FOR STANDARD MEDICAID
 OR PRIVATELY FUNDED COVERAGE. THE CHARITABLE HEALTH COVERAGE PROGRAM
 CONSISTS OF TRANSITIONS, CHILD HEALTH PROGRAM, AND WASHINGTON BASIC
 HEALTH.

- TRANSITIONS - THIS PROGRAM IS A FULLY SUBSIDIZED HEALTH INSURANCE
 PROGRAM FOR ELIGIBLE LOW-INCOME FAMILIES. EIGHT COLLEGE CAMPUSES
 CURRENTLY PARTICIPATE WITHIN THE PORTLAND METROPOLITAN AREA. STUDENTS
 MUST BE ENROLLED IN A PARTICIPATING SCHOOL, MEET THE FINANCIAL CRITERION,
 AND CAN NOT BE ENROLLED IN ANOTHER PRIVATE OR PUBLIC HEALTH CARE PLAN.
 GRADUATES ARE ELIGIBLE FOR AN ADDITIONAL SIX MONTHS COVERAGE OR UNTIL THE
 EMPLOYER-PAID COVERAGE IS ACTIVATED. ENROLLMENT BY YEAR-END WAS 1,216.

PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS
 KFH HAS A LONG HISTORY OF PARTICIPATING IN PUBLICLY FINANCED HEALTH
 PROGRAMS. IN 2008, \$233 MILLION WAS EXPENDED (IN EXCESS OF
 REIMBURSEMENT) AND 352,921 PEOPLE WERE SERVED IN GOVERNMENT- SPONSORED
 PROGRAMS FOR LOW-INCOME PEOPLE IN CALIFORNIA, HAWAII, OREGON AND
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- MEDI-CAL FEE-FOR-SERVICE - KFH IN CALIFORNIA PROVIDED \$83 MILLION IN
SUBSIDIZED CARE TO 49,654 MEDI-CAL FEE-FOR-SERVICE PATIENTS.

IN HAWAII, KFH SERVED BOTH MEDICAID MEMBERS AND MEDICAID FEE-FOR-SERVICE
BENEFICIARIES AND PARTICIPATED IN THE STATE CHILDREN'S HEALTH INSURANCE
PROGRAM.

- QUEST & MEDICAID FEE-FOR-SERVICE - QUEST IS A MEDICAID MANAGED CARE
PROGRAM RUN BY THE HAWAII'S DEPARTMENT OF HUMAN SERVICES. THE STATE
ADMINISTERS THE QUEST PROGRAM AND PAYS HEALTH PLAN TO PROVIDE COVERAGE OF
MEDICAL AND MENTAL HEALTH SERVICES. KFHP AND KFH PARTICIPATE IN THE
QUEST PROGRAMS ON THE ISLANDS OF OAHU AND MAUI. THE HAWAII REGION ALSO
CONTRIBUTED AN ADDITIONAL \$2.3 MILLION ON SUBSIDIZED CARE FOR 1,853
MEDICAID FEE-FOR-SERVICE PATIENTS.

- SCHIP - THIS GOVERNMENT PROGRAM PROVIDES CHILDREN WITH FAMILY INCOMES
UP TO TWICE THE FEDERAL POVERTY GUIDELINES FOR HAWAII, HEALTH CARE
COVERAGE UNDER TITLE XXI OF THE SOCIAL SECURITY ACT. SCHIP IS ONE OF
SEVERAL AID CATEGORIES UNDER THE QUEST PROGRAM.

THE NORTHWEST HEALTH PLAN PARTICIPATED IN MEDICAID PROGRAMS IN OREGON AND
WASHINGTON. THE FOLLOWING DESCRIBE THE PROGRAMS AND TARGET POPULATIONS.

KAISER FOUNDATION HOSPITALS PROVIDED SUBSIDIZED CARE TO MEDICAID
FEE-FOR-SERVICE PATIENTS. WHEN A MEDICAID NONMEMBER RECEIVES SERVICES
FROM KAISER PERMANENTE PROVIDERS AT CONTRACT HOSPITALS OR RECEIVES
OUTPATIENT SERVICES AS A RESULT OF HOSPITAL VISIT FOLLOW-UP, OR IN THE

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CASE OF MEDICAID MEMBERS IN OREGON, RECEIVES IN-PATIENT SERVICES, THESE

EXPENSES ARE RECORDED AS NON-CAPITATED SERVICES AND ARE REPORTED AS

PROFESSIONAL AND NON-PROFESSIONAL LOSSES FOR MEDICAID NONMEMBERS.

GRANTS AND DONATIONS FOR CARE AND COVERAGE

IN 2008, KFH DONATED \$4.4 MILLION TO NONPROFIT AND COMMUNITY-BASED

AGENCIES IN CALIFORNIA TO HELP LOW-INCOME FAMILIES WITH UNINSURED

CHILDREN NAVIGATE THE ENROLLMENT AND RECERTIFICATION PROCESSES FOR KP

CHILD HEALTH PLAN OR STATE-FUNDED INSURANCE PROGRAMS SUCH AS HEALTHY

FAMILIES AND MEDI-CAL.

- TIDES CENTER RECEIVED \$100,000 FROM KFH FOR ITS STATE ENROLLMENT

MODERNIZATION PROJECT. THIS PROJECT IS WORKING TO CORRECT DISCONNECTED

SYSTEMS AND PROCESSES AT THE STATE LEVEL THAT SERVE AS BARRIERS TO

ENROLLING ELIGIBLE CALIFORNIANS INTO THE HEALTH INSURANCE PROGRAMS FOR

WHICH THEY QUALIFY.

- KFH IN CALIFORNIA AWARDED \$300,000 TO HEALTH CARE INTERPRETER NETWORK

(HCIN) TO SUPPORT ITS QUALITY ASSURANCE PROJECT. THIS PROJECT WILL

INSTITUTIONALIZE AN ONGOING TRAINING PROGRAM FOR BILINGUAL STAFF; CONVENE

A CONFERENCE ON QUALITY HEALTH CARE INTERPRETATION IN CALIFORNIA

HOSPITALS; AND CREATE A TRAINING DVD FOR PHYSICIANS AND HOSPITAL CLINICAL

STAFF ON THE USE OF QUALIFIED INTERPRETERS.

COMMUNITY HEALTH INITIATIVES

AS AN INNOVATOR IN HEALTH, KAISER PERMANENTE DESIGNS, DELIVERS AND

SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE

CONDITIONS IN THEIR NEIGHBORHOODS, WORKPLACES AND SCHOOLS TO SUPPORT GOOD

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HEALTH, PARTICULARLY HEALTHY EATING, ACTIVE LIVING (HEAL). KFH SPENT

\$15.8 MILLION ON COMMUNITY HEALTH INITIATIVES DURING 2008.

HEALTHY EATING ACTIVE LIVING PROGRAMS

IN NORTHERN CALIFORNIA, THE HEAL PROGRAM COMBATS OBESITY BY PROMOTING

PLACE-BASED HEALTHY EATING AND ACTIVE LIVING PROGRAMS AND INTERVENTIONS

IN THE COMMUNITY. THE PROGRAM SUPPORTS COMMUNITY HEALTH INITIATIVES AND

COALITIONS THAT BRING COMMUNITY LEVEL MEDICAL, ENVIRONMENTAL AND SOCIAL

CHANGES SUCH AS EMPOWERING COMMUNITY RESIDENTS TO EAT HEALTHY FOODS,

CHANGING PHYSICAL AND SOCIAL ENVIRONMENTS TO PROMOTE PHYSICAL ACTIVITY

AND SUPPORTING POLICY CHANGES TO REDUCE RACIAL AND ETHNIC HEALTH

DISPARITIES, PARTICULARLY THOSE RELATED TO POOR NUTRITION AND INACTIVITY.

SOUTHERN CALIFORNIA DEVELOPED A COMPREHENSIVE APPROACH TO ADDRESSING THE

RISING OBESITY EPIDEMIC AND OTHER CHRONIC HEALTH CONDITIONS RELATED TO

INACTIVITY AND POOR NUTRITION. THE CONCEPT BEHIND HEAL IS TO ENCOURAGE

AND FACILITATE HEALTHY CHOICES BY INCREASING ACCESS TO HEALTHY FOOD AND

PHYSICAL ACTIVITY WHERE PEOPLE LIVE, WORK, AND PLAY INCLUDING SCHOOLS,

WORKSITES AND NEIGHBORHOOD.

PROMOTING HEALTHY EATING AND ACTIVE LIVING IN THE COMMUNITIES THROUGH

POLICY AND ENVIRONMENTAL CHANGE HAS BEEN THE FOCUS OF SOUTHERN

CALIFORNIA'S HEAL PROGRAM. HEAL'S MULTIFACETED, LONG-TERM APPROACH

INCLUDES WORKING WITH HEALTH CARE INDUSTRY LEADERS, INVESTING IN

COMMUNITIES, CHANGING PUBLIC POLICY, AND DEVELOPING KEY PARTNERSHIPS.

PARTNERSHIPS WITH ASSOCIATION OF POLICYMAKERS, PARK STRATEGY, SMART

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GROWTH AND PUBLIC LAND USE HAVE BEEN INSTRUMENTAL IN ACHIEVING PROGRAM

GOALS.

THE NORTHWEST'S HEAL PROGRAM PROVIDES A VARIETY OF COMMUNITY OUTREACH
ACTIVITIES AND SERVICES TO ADDRESS THE ENVIRONMENTAL FACTORS THAT EFFECT
CHILDHOOD AND ADULT OBESITY. THE FOCUS IS ON INCREASING ACCESS TO HEALTHY
FOODS, AND FUN AND SAFE PLACES FOR CHILDREN AND ADULTS TO ENGAGE IN
PHYSICAL ACTIVITY AS WELL AS RAISING AWARENESS AND EDUCATING THE CONSUMER
ABOUT HOW TO LEAD A HEALTHIER LIFESTYLE THROUGH HEALTHY EATING AND ACTIVE
LIVING. NORTHWEST HEALTH PLAN AND KFH, ALONG WITH THEIR COMMUNITY
PARTNERS, PROMOTE FARMERS MARKETS, SCHOOL ACTIVITIES, REGIONAL FOOD
ASSESSMENT RESEARCH, WALKING MAPS AND PEDOMETERS AS EDUCATIONAL TOOLS.

COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAMS

KFH IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON PROVIDED A VARIETY OF
ACTIVITIES AND PROGRAMS TO ASSIST HEALTH CARE CONSUMERS IN MANAGING THEIR
HEALTH AND WELL-BEING. THE HOSPITALS SERVE AS THE PRIMARY SITE FOR THE
DISSEMINATION OF HEALTH EDUCATION INFORMATION TO BOTH HEALTH PLAN AND
COMMUNITY MEMBERS WHO ACCESS THESE RESOURCES THROUGH THE HEALTH EDUCATION
CENTERS. EXPENDITURES IN THIS CATEGORY EXCLUDE PROGRAM COSTS FOR HEALTH
EDUCATION PROGRAMS TARGETING OR RESTRICTED TO HEALTH PLAN MEMBERS. OTHER
PROGRAMS AND SERVICES ARE OFFERED IN VARIOUS COMMUNITY LOCATIONS.

GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES

KFH CONTRIBUTED \$14 MILLION TO NONPROFIT COMMUNITY ORGANIZATIONS IN
CALIFORNIA, HAWAII, OREGON AND WASHINGTON TO SUPPORT A VARIETY OF

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COMMUNITY HEALTH INITIATIVES. THE FOLLOWING ARE EXAMPLES OF PROGRAMS AND

SERVICES FUNDED IN 2008:

- PUBLIC HEALTH INSTITUTE FOR THE SAFE COMMUNITIES PARTNERSHIP. THIS PARTNERSHIP, A COLLABORATIVE EFFORT BETWEEN THE GOVERNOR'S OFFICE OF GANG AND YOUTH VIOLENCE POLICY AND FOUR PRIVATE PHILANTHROPIES, IS DESIGNED TO REPLICATE A BEST PRACTICES AND EVIDENCE-BASED APPROACH TO REDUCING GANG- AND GUN-RELATED VIOLENCE IN SOME OF THE HIGHEST-NEED CITIES IN CALIFORNIA.

- COMMUNITY ALLIANCE WITH FAMILY FARMERS (CAFF) FOUNDATION RECEIVED \$111,659 GRANT FROM KFH IN NORTHERN CALIFORNIA TO SUPPORT IMPLEMENTATION OF THE "FARM TO INSTITUTION" MOVEMENT WITH TOOLS, FINANCIAL PLANNING, FARM TOURS AND EDUCATION EVENTS. FUNDING WILL STRENGTHEN AND DISSEMINATE SUCCESSFUL FARM TO INSTITUTION PROGRAM. CAFF WILL DEVELOP TOOLS AND RESOURCES TO BRING MORE RIGOR TO THE FARM TO INSTITUTION BUSINESS MODEL; CREATE A FINANCIALLY SOUND, REPLICABLE, AND SUSTAINABLE DISTRIBUTION MODEL FOR SOURCE-VERIFIED, LOCAL PRODUCE; DISSEMINATE TOOLS AND KNOWLEDGE TO THE FIELD; AND PROVIDE DIRECT TECHNICAL ASSISTANCE TO GROWERS AND INSTITUTIONS

- KFH IN SOUTHERN CALIFORNIA PROVIDED THE CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY (CCPHA) WITH THE FINAL INSTALLMENT OF \$130,000 GRANT TO COMPLETE A \$390,000 COMMITMENT FOR THEM TO PARTNER WITH THE LEAGUE OF CALIFORNIA CITIES TO DEVELOP AND DISSEMINATE TO CITY OFFICIALS THE INFORMATION, TOOLS, AND TECHNICAL ASSISTANCE TO HELP ESTABLISH LOCAL POLICIES PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY. IN 2008, CCPHA COMPLETED A SURVEY OF CALIFORNIA CITY MANAGERS AND MAYORS TO IDENTIFY

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EXISTING POLICIES AROUND HEALTHY EATING AND ACTIVE LIVING AND TO SHAPE
 THE PROVISION AND CONTENT OF TECHNICAL ASSISTANCE TO PROMOTE HEALTHY
 CITIES. THE PROJECT IS IN THE PROCESS OF DRAFTING RECOMMENDED SAMPLE
 POLICIES BASED UPON THE SURVEY RESULTS.

- THE JANUS YOUTH'S VILLAGE GARDENS RECEIVED A GRANT TO IMPROVE THE
 HEALTH AND COMMUNITY WELL-BEING OF LOW-INCOME INDIVIDUALS LIVING IN NORTH
 PORTLAND PUBLIC HOUSING COMMUNITIES. THE PROGRAM ACCOMPLISHES THIS BY
 ENGAGING INDIVIDUALS TO GROW FRESH HEALTHY FOOD TO IMPROVE HOUSEHOLD
 NUTRITION; DEVELOPING LEADERSHIP AND ADVOCACY SKILLS OF INDIVIDUALS TO
 REDUCE SOCIAL EXCLUSION AND ISOLATION; PROVIDING JOB SKILLS LEARNING AND
 EMPLOYMENT OPPORTUNITIES FOR ADULTS AND TEENS; CULTIVATING ENVIRONMENTAL
 AWARENESS AND STEWARDSHIP; AND PROVIDING TRAINING AND MENTORING
 OPPORTUNITIES TO BRIDGE CULTURAL AND RACIAL DIFFERENCE THROUGH
 NON-VIOLENT MEANS. THIS PROGRAM SERVED 2,520 PERSONS WITH A \$25,000 GRANT
 FROM KFJ IN THE NORTHWEST.

- TWO ORGANIZATIONS-CALIFORNIA FOOD POLICY ADVOCATES (CFPA) AND
 OCCIDENTAL COLLEGE'S CENTER FOR FOOD AND JUSTICE (CFJ)-EACH RECEIVED
 GRANTS FROM KFJ TO PROMOTE BETTER NUTRITION IN CHILD CARE SETTINGS. CFPA
 WILL WORK WITH CHILD CARE PROVIDERS TO DISSEMINATE BEST PRACTICES ON
 OFFERING HEALTHY FOODS FOR CHILDREN AND ADVANCE POLICY SOLUTIONS AT THE
 LOCAL, STATE, AND FEDERAL LEVELS TO SUPPORT HEALTHY EATING FOR CHILDREN
 AGES 0-5. CFJ WILL PILOT FARM-TO-PRESCHOOL PROGRAMS THAT CONNECT CHILD
 CARE PROGRAMS WITH LOCAL FARMS TO ENHANCE THEIR FRUIT AND VEGETABLE
 OFFERINGS.

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- KFH IN NORTHWEST DONATED \$90,000 TO THE CITY OF PORTLAND TO SUPPORT THE SUNDAY PARKWAYS PROGRAM THAT HIGHLIGHTS PORTLAND AS A WALK-ABLE AND BIKE-ABLE CITY. THE PRIMARY GOALS ARE TO INCREASE THE HEALTH AND ACTIVITY OF RESIDENTS OF PORTLAND, INCREASE AWARENESS OF GLOBAL WARMING AND THE ROLE TRANSPORTATION PLAYS IN OUR ENVIRONMENT, INCREASE NEIGHBORHOOD AWARENESS AND RAISES ACCEPTABILITY OF BICYCLING AND WALKING AS MODES OF TRANSPORTATION, INCREASES THE TRIPS TAKEN BY WALKING AND BIKING AND INCREASE NEIGHBORHOODS MOBILITY AND LIVABILITY.

- THE FARM TO SCHOOL AND SCHOOL GARDEN COALITION IS COMPRISED OF COMMUNITY ACTIVISTS, NON-PROFITS, AND PORTLAND PUBLIC SCHOOL (PPS) DEPARTMENT HEADS. THE COALITION WORKS TO INTEGRATE GARDEN-BASED AND NUTRITION EDUCATION INTO THE CLASSROOM, AND ACCESS TO SCHOOL GARDENS AND LOCAL DESTINATION FARMS. KFH IN THE NORTHWEST DONATED \$20,000 TO SUPPORT THIS COMMUNITY COLLABORATIVE WHICH SERVED 20,000 INDIVIDUALS.

SAFETY NET PARTNERSHIPS THROUGH FUNDING, TECHNICAL ASSISTANCE, PUBLIC POLICY ADVOCACY, TRAINING AND VOLUNTEERING, DISSEMINATION OF CARE-MANAGEMENT AND QUALITY IMPROVEMENT TECHNOLOGIES, KAISER PERMANENTE HELPS THESE VITAL HEALTH CARE PROVIDERS IMPROVE CARE AND EXPAND TREATMENT CAPACITY FOR THE COMMUNITIES AND VULNERABLE PEOPLE THEY SERVE. IN 2008, KFH CONTRIBUTED \$31.8 MILLION TO SUPPORT THESE PROGRAMS.

FOR DECADES, KFH IN CALIFORNIA SUPPORTED SAFETY NET PROVIDERS THROUGH

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GRANT FUNDING, STAFF INVOLVEMENT AND IN-KIND CONTRIBUTIONS. AS A RESULT OF THIS SUPPORT AND COMMITMENT TO COMMUNITY PROVIDERS, A FORMALIZED PARTNERSHIP AGREEMENT WAS SIGNED BY KAISER PERMANENTE LEADERS AND REGIONAL AND STATEWIDE COMMUNITY CLINICS ASSOCIATION REPRESENTATIVES IN 2003. THE AGREEMENT COVERED MORE THAN 600 NONPROFIT COMMUNITY-BASED CLINICS AND HEALTH CENTERS THROUGHOUT THE STATE. THE PARTNERSHIP FOCUSES ON IMPROVING THE QUALITY OF HEALTH CARE FOR CALIFORNIA RESIDENTS AND ON REDUCING HEALTH DISPARITIES BASED ON RACE, ETHNICITY, AND ECONOMIC STATUS.

GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS DURING 2008, KFH SPENT \$31.8 MILLION TO SUPPORT MORE THAN 300 ORGANIZATIONS THAT DELIVER MEDICAL AND/OR DENTAL CARE SERVICES TO UNINSURED PEOPLE IN COMMUNITY SETTING, PRIMARILY SAFETY NET CLINICS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON. BELOW ARE EXAMPLES OF THE COMMUNITY ORGANIZATIONS SUPPORTED BY THESE GRANTS:

- MARIN COMMUNITY CLINIC RECEIVED A THREE-YEAR SPECIALTY CARE INITIATIVE GRANT, OF WHICH \$300,000 WAS AWARDED IN 2008. THIS GRANT WILL SUPPORT A COMMUNITY-WIDE COALITION THAT IS TASKED WITH PLANNING AND IMPLEMENTING A PROCESS TO ADDRESS IDENTIFIED ISSUES, IMPROVE THE COORDINATION OF CARE, AND ULTIMATELY IMPROVE ACCESS TO SPECIALTY CARE FOR THE COMMUNITY'S UNDERSERVED AND UNINSURED PEOPLE.

- COMMUNITY HEALTH CENTER NETWORK WAS AWARDED \$200,000 TO SUPPORT A CONSORTIA QUALITY IMPROVEMENT CAPACITY BUILDING PROJECT. THIS PILOT WILL TEST A COLLABORATIVE SERVICE DELIVERY MODEL BETWEEN FIVE REGIONAL CONSORTIA TO ADVANCE SAFETY NET ORGANIZATIONS IN THEIR USE OF CHRONIC

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- THE CALIFORNIA HEALTH CARE SAFETY-NET INSTITUTE RECEIVED A \$250,000
GENERAL OPERATING GRANT TO CONTINUE TO COORDINATE PARTNERSHIP ACTIVITIES
BETWEEN KFH AND THE CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS. THE GRANT
WILL ALSO SUPPORT FOUR PROJECTS: HOSPITAL QUALITY PERFORMANCE
IMPROVEMENT, SPECIALTY CARE ACCESS, PUBLIC HOSPITAL PALLIATIVE CARE, AND
ELECTRONIC PRESCRIBING PILOT

- VIRGINIA GARCIA MEMORIAL HEALTH CENTER RECEIVED \$250,000 FROM KFH NW
TO IMPLEMENT A FULLY INTEGRATED ELECTRONIC HEALTH RECORDS (EHR) SYSTEM IN
ALL OF THEIR CLINICS. PHYSICIANS WILL HAVE THE ABILITY TO ENTER AND STORE
ORDERS FOR PRESCRIPTIONS, TESTS AND OTHER SERVICES IN A COMPUTER BASED
SYSTEM THAT ENHANCES LEGIBILITY, REDUCES DUPLICATION AND IMPROVES THE
SPEED WITH WHICH ORDERS ARE EXECUTED.

- UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY RECEIVED GENERAL
OPERATING SUPPORT FOR WESTERN CLINICIANS NETWORK TO EXPAND ITS CURRENT
MANAGEMENT AND LEADERSHIP TRAINING OF CLINICAL LEADERS, EVALUATE ITS
CLINICAL LEADERS TRAINING PROGRAM, AND SURVEY COMMUNITY CLINIC AND HEALTH
PROVIDERS TO GATHER DATA THAT WILL INFORM EFFORTS TO IMPROVE RECRUITMENT
AND RETENTION OF PRIMARY CARE CLINICIANS.

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94-1105628**EXEMPT PURPOSE ACHIEVEMENTS (PART 2)****PART III, LINE 4A-D****DEVELOPING AND DISSEMINATING KNOWLEDGE**

KAISER PERMANENTE AIMS TO IMPROVE HEALTH CARE BY SHARING ITS KNOWLEDGE, EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE FOR CARE AND HEALTH.

KFH SPENT \$110 MILLION TO SUPPORT PROGRAMS AND SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE AND PROVIDED GRANTS AND DONATIONS TO NONPROFIT ORGANIZATIONS.

CLINICAL AND HEALTH SERVICES RESEARCH

FOR MORE THAN 40 YEARS, KAISER PERMANENTE RESEARCHERS HAVE LEVERAGED MODEST GRANTS FINANCED THROUGH THE COMMUNITY BENEFIT PROGRAM INTO MAJOR DISCOVERIES THAT HAVE SERVED OUR COMMUNITIES, INFLUENCED NATIONAL POLICY, AND INFORMED MEDICAL PRACTICE THROUGHOUT THE NATION AND THE WORLD. MANY OF THE RESEARCH STUDIES ADDRESS CURRENT HEALTH ISSUES AND IMPROVE CARE FOR COMMON CONDITIONS WHERE TREATMENT IS OFTEN LINKED TO COMMUNITY-BASED EFFORTS, AND ARE BROADLY DISSEMINATED THROUGH ARTICLES AND PROFESSIONAL PRESENTATIONS. KAISER PERMANENTE CONDUCTS MORE RESEARCH THAN ANY OTHER NON-ACADEMIC INSTITUTION IN THE UNITED STATES.

KAISER PERMANENTE INVESTIGATORS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON PARTICIPATED IN RESEARCH AND EVALUATION STUDIES, PARTNERING WITH SEVERAL PROMINENT ACADEMIC RESEARCH INSTITUTIONS, INCLUDING HARVARD UNIVERSITY, OREGON HEALTH & SCIENCES UNIVERSITY, STANFORD UNIVERSITY, UNIVERSITY OF CALIFORNIA (LOS ANGELES, BERKELEY, AND SAN FRANCISCO),

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UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF WASHINGTON, NATIONAL
INSTITUTES OF HEALTH, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY AND THE
CENTERS FOR DISEASE CONTROL AND PREVENTION.

IN CALIFORNIA, KFHS HAS THREE RESEARCH DEPARTMENTS: THE DIVISION OF
RESEARCH (DOR) IN NORTHERN CALIFORNIA, ESTABLISHED IN 1961; DEPARTMENT OF
RESEARCH & EVALUATION (R&E) IN SOUTHERN CALIFORNIA, ESTABLISHED IN THE
EARLY 1980S; AND KAISER FOUNDATION RESEARCH INSTITUTE (KFRI). TWO
NURSING RESEARCH UNITS FOR KFHS IN CALIFORNIA ALSO ENGAGE IN STUDIES ON
NURSING PRACTICES, PATIENT CARE, AND PATIENT OUTCOMES TO IMPROVE CLINICAL
PRACTICES. THE CENTER FOR HEALTH RESEARCH (CHR) IS THE PRIMARY RESEARCH
DEPARTMENT FOR KFHS IN OREGON AND WASHINGTON, AND THE CENTER FOR HEALTH
RESEARCH HAWAII (CHRH) IS A FORMAL SUBDIVISION OF CHR IN THE NORTHWEST.

CHR, CHRH, DOR, KFRI, AND R&E-TOGETHER WITH THE NORTHERN AND SOUTHERN
CALIFORNIA NURSING RESEARCH DEPARTMENTS-SPENT APPROXIMATELY \$19 MILLION
TO SUPPORT MORE THAN 1,000 PRIMARY RESEARCH STUDIES, PUBLISHED ARTICLES
AND PRESENTATIONS ABOUT FINDINGS IN MEDICAL EDUCATION FORUMS AND
CONFERENCES. THE FOLLOWING IS A SAMPLING OF THE EVIDENCE-BASED STUDIES
CONDUCTED IN 2008:

- A GENOME-WIDE ASSOCIATION (GWA) STUDY WAS LAUNCHED TO INVESTIGATE HOW
SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS) AND COPY NUMBER VARIANTS (CNVS)
IMPACT PROSTATE CANCER RISK AMONG AFRICAN AMERICAN MEN. THE FIRST PHASE
WILL COLLECT COMPREHENSIVE CLINICAL DATA AMONG A SAMPLING OF 1,500
AFRICAN AMERICAN PROSTATE CANCER CASES THAT ARE THEN AGE-MATCHED AND
COMPARED TO A CONTROL GROUP. THE GOAL IS TO COLLECT DATA SUFFICIENT FOR

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DETECTING SNP AND CNV ASSOCIATIONS WITH PROSTATE CANCER AMONG THE SAMPLE
POPULATION. THE SECOND PHASE WILL BE A COMPARATIVE ANALYSIS OF THE
FINDINGS WITH OTHER GENOME-WIDE ASSOCIATION STUDIES CONDUCTED AMONG WHITE
MEN TO DETERMINE IF THE RESULTS ARE CONCORDANT. THE STUDY WILL PROVIDE AN
OUTSTANDING OPPORTUNITY TO DETERMINE THE DISEASE'S GENETIC CAUSES AND HAS
THE POTENTIAL TO SIGNIFICANTLY IMPACT PROSTATE CANCER SCREENING AND
TREATMENT MODALITIES AND TO INCREASE UNDERSTANDING OF THE BIOLOGIC BASIS
OF PROSTATE CANCER AMONG AFRICAN AMERICAN MEN.

- "OVERWEIGHT AND OBESITY CONTROL IN WORKSITES" IS A STUDY THAT EXAMINES
THE COMPREHENSIVE LIFESTYLE CHANGE PROGRAM DELIVERED THROUGH WORKSITES IN
PARTNERSHIP WITH A LARGE HEALTH CARE SYSTEM. THE GOAL IS TO INCREASE
PHYSICAL ACTIVITY, IMPROVE DIET, IMPROVE DECISION MAKING ABOUT
RISK-REDUCING BEHAVIORS, AND REDUCE OBESITY OF HOTEL EMPLOYEES IN
HAWAII.

- "USE OF AUTOMATED PHONE CALLS TO PROMOTE ADHERENCE WITH INHALED
CORTICOSTEROIDS" STUDY IS TO TEST THE EFFECTIVENESS OF CONDUCTING
TELEPHONE OUTREACH USING SPEECH RECOGNITION SOFTWARE TO IMPROVE ADHERENCE
TO INHALED CORTICOSTEROIDS AMONG MEMBERS OF A LARGE HMO WITH ASTHMA.

- A STUDY WAS BEGUN TO DETERMINE WHETHER CARDIOVASCULAR RISK FACTORS
CONFER THE SAME RISK FOR CARDIOVASCULAR OUTCOMES IN RHEUMATOID ARTHRITIS
PATIENTS AS IN NON-RHEUMATOID ARTHRITIS PATIENTS. THE OBJECTIVE WAS TO
COMPARE THE FREQUENCY OF TRADITIONAL CARDIOVASCULAR (CV) RISK FACTORS IN
RHEUMATOID ARTHRITIS (RA) COMPARED TO NON-RA SUBJECTS, AND EXAMINE THEIR
IMPACT ON THE RISK OF DEVELOPING SELECTED CV EVENTS (MYOCARDIAL

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INFARCTION (MI), HEART FAILURE (HF) AND CV DEATH) IN THESE TWO GROUPS.

- PROMOTING HEALTHY MOTHERS STUDY EXPLORES THE BEST WAY TO HELP PREVENT EXCESSIVE WEIGHT GAIN AMONG OBESE PREGNANT WOMEN, ADDRESSING FIRST-TIME GUIDELINES FOR WEIGHT MANAGEMENT DURING PREGNANCY THAT AIM TO KEEP OBESE WOMEN WITHIN 3% OF THEIR BEGINNING BODY WEIGHT THROUGHOUT PREGNANCY.

- BIPOLAR DISORDER IS A COMMON, DEBILITATING, AND POTENTIALLY LIFE-THREATENING PSYCHIATRIC DISORDER CHARACTERIZED BY RECURRENT, CYCLIC EPISODES OF DEPRESSION AND (HYPO) MANIA. EVIDENCE FROM PRIOR STUDIES STRONGLY IMPLICATES A GENETIC BASIS FOR THE ETIOLOGY OF BIPOLAR DISORDER. IN 2008, A GENOME-WIDE ASSOCIATION (GWA) STUDY WITH AN ETHNICALLY DIVERSE SAMPLE OF 6,000 CASES OF BIPOLAR DISORDER AND 6,000 CONTROLS. THE STUDY IS DESIGNED TO DISCOVER AND CHARACTERIZE COMMON GENETIC VARIANTS THAT MAY BE ASSOCIATED WITH THE RISK OF BIPOLAR DISORDER. SPECIFIC AIMS ARE TO ANALYZE APPROXIMATELY 1 MILLION SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS) AND COPY NUMBER VARIANTS (CNVS) TO ASSESS POTENTIAL CASE-CONTROL DIFFERENCES. ADDITIONALLY, EACH ETHNIC SUB-SAMPLE WILL BE EXAMINED FOR POPULATION STRATIFICATION, AND CONSISTENCY OF RESULTS ACROSS ETHNIC GROUPS WILL BE EVALUATED.

- IN SOUTHERN CALIFORNIA, RESEARCHERS INITIATED A STUDY TO EXAMINE HIV PATIENTS' PERCEPTION ON THE CARE BEHAVIORS OF THEIR PROVIDERS. THE STUDY WILL COMPARE THE ACTUAL CARE TO THE DESIRED CARE BEHAVIORS OF HEALTH CARE PROVIDERS AS PERCEIVED BY PATIENTS WITH HIV INFECTION OR AIDS. THE STUDY WILL ALSO DETERMINE IF THE PERCEPTION OF CARE CHANGES OVER TIME.

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- CURBING DOMESTIC VIOLENCE, ALSO CALLED "COMMUNITY-PARTNERED RESPONSE

TO INTIMATE VIOLENCE" DEVELOPS AND EVALUATES WORKPLACE STRATEGIES TO

INCREASE BATTERED HISPANIC WOMEN'S SAFETY AND ACCESS TO COMMUNITY

RESOURCES, WHICH WILL REDUCE HEALTH DISPARITIES IN THIS POPULATION.

HEALTH SCIENCES AND MEDICAL LIBRARIES

KFH SPENT APPROXIMATELY \$4.4 MILLION TO SUPPORT ITS MEDICAL LIBRARIES,

AND OTHER HEALTH RESOURCE AND INFORMATION DISSEMINATION SERVICES. THESE

PROGRAMS GIVE MEDICAL STAFF AND THE GREATER PROFESSIONAL COMMUNITY ACCESS

TO HEALTH-RELATED RESEARCH CONDUCTED WITHIN AND OUTSIDE OF KAISER

PERMANENTE. MEDICAL LIBRARIES PARTICIPATED IN AN INTER-LOAN SYSTEM WITH

OTHER COMMUNITY HOSPITALS, SUPPORTED STUDENTS IN TRAINING AND EDUCATION

PROGRAMS TO CONDUCT LITERATURE SEARCHES, AND CONDUCTED SEARCHES FOR

COMMUNITY CLINICS AND OTHER COMMUNITY-BASED ORGANIZATIONS ON ADVANCES IN

MEDICAL TREATMENT, CLINICAL PROTOCOLS AND NEW DEVELOPMENT ON SPECIFIC

HEALTH ISSUES. DURING 2008, HEALTH SCIENCES AND MEDICAL LIBRARIES IN

CALIFORNIA, HAWAII, OREGON AND WASHINGTON COMPLETED THOUSANDS OF REQUESTS

FOR GENERAL KNOWLEDGE AND LITERATURE SEARCHES FOR RESEARCH PURPOSES.

TUMOR BOARD AND CANCER REGISTRY

KFH SPENT \$1.4 MILLION TO SUPPORT THE TUMOR BOARD AND CANCER REGISTRY IN

THE NORTHWEST AND HAWAII REGIONS. BESIDES BEING A STATISTICAL DATABASE

UTILIZED BY CLINICIANS AND RESEARCHERS WITHIN THE REGIONS, THE REGISTRY

SUBMITS STATISTICS TO THE NATIONAL CANCER DATA BASE ANNUALLY. THE CANCER

PROGRAM, WHICH OVERSEES THE REGISTRY, IS SURVEYED FOR ACCREDITATION EVERY

THREE YEARS BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.

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KAISER FOUNDATION HOSPITALS**94-1105628****EDUCATIONAL THEATRE PROGRAMS (ETP)****EDUCATIONAL THEATRE PROGRAMS USES LIVE THEATRE, MUSIC, COMEDY, AND DRAMA****TO INSPIRE CHILDREN, TEENS AND ADULTS TO MAKE HEALTHIER CHOICES AND****BETTER DECISIONS ABOUT THEIR WELL-BEING. THESE EDUCATIONAL PROGRAMS WERE****DEVELOPED WITH THE ADVICE OF TEACHERS, PARENTS, STUDENTS, HEALTH****EDUCATORS, MEDICAL PROFESSIONALS AND PROFESSIONAL THEATRE ARTISTS. ALL****PERFORMANCES ARE DELIVERED BY PROFESSIONAL ACTORS WHO ARE ALSO TRAINED AS****PEER HEALTH EDUCATORS, AND PERFORMED FREE OF CHARGE FOR THE COMMUNITY.****ETP ALSO PROVIDES SCHOOLS AND ORGANIZATIONS WITH SUPPLEMENTARY****EDUCATIONAL MATERIALS, SUCH AS WORKBOOKS, PARENT AND TEACHER GUIDES, AND****STUDENT WALLET CARDS TO REINFORCE THE MESSAGES PRESENTED ON STAGE.****KFH IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON SPENT \$9 MILLION TO****PROVIDE 541,528 CHILDREN AND ADULTS THE OPPORTUNITY TO VIEW ONE OF THE****1,760 ETP'S PERFORMANCES DURING 2008. THE CURRENT REPERTOIRE INCLUDES:****- THE BEST ME - A PROGRAM FOR GRADES 3-6 THAT HELPS STUDENTS UNDERSTAND****THE BENEFITS OF MAKING HEALTHIER LIFE CHOICES.****- ZIP'S GREAT DAY - A MUSICAL COMEDY FOR ELEMENTARY SCHOOL CHILDREN****ABOUT MAKING HEALTHY CHOICES AND AVOIDING CONFLICT.****- P.E.A.C.E. SIGNS - A CONFLICT RESOLUTION AND ANTI-VIOLENCE PROGRAM FOR****UPPER-ELEMENTARY SCHOOL STUDENTS.****- DRUMMIN' UP PEACE - A MULTI-INTERVENTION PROGRAM THAT PROMOTES****CONFLICT ISOLATION TO HELP STUDENTS INCREASE PEACE.****- SOMEONE LIKE ME - A PRODUCTION THAT USES DRAMA, MUSIC, AND HUMOR TO****ADDRESS ADOLESCENT ISSUES.****- AMAZING FOOD DETECTIVE - A BILINGUAL (ENGLISH/SPANISH) PROGRAM FOR**

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ELEMENTARY SCHOOL KIDS ON MAKING INFORMED FOOD CHOICES AND SNACKING IN

MODERATION TO AVOID OBESITY AND ITS HEALTH PROBLEMS.

- ARRR-STHMA! - AN ENTERTAINING PRODUCTION THAT FOCUSES ON DEALING WITH

CHILDHOOD ASTHMA.

- NIGHTMARE ON PUBERTY STREET - A DRAMATIC PRESENTATION ABOUT THE JOYS

AND ANGST OF ADOLESCENCE.

- SECRETS - AN EDUCATIONAL DRAMA ABOUT HIV/AIDS FOR HIGH SCHOOL

STUDENTS.

- THE SWASHBUCKLING ADVENTURES OF JAIME IN THE WORLD OF RED, THE READING

PIRATE - A PRODUCTION THAT PROMOTES THE IMPORTANCE OF LITERACY TO

STUDENTS.

KFH IN THE NORTHWEST AND OREGON CHILDREN'S THEATRE PARTNERED TO DELIVER

EDUCATIONAL THEATRE PROGRAMS, FREE OF CHARGE TO SCHOOLS AND COMMUNITY

ORGANIZATIONS. THE THEATRE PROGRAMS ARE DEVELOPED WITH THE COMBINED

EFFORTS OF PHYSICIANS, HEALTH EDUCATORS, THEATER PROFESSIONALS, AND

TEACHERS, COUNSELORS, PARENTS, AND STUDENTS. YOUNG PROFESSIONAL ACTORS

WHO REFLECT THE CULTURAL DIVERSITY OF THE COMMUNITIES PARTICIPATE IN THE

PRODUCTIONS, PORTRAYING CHARACTERS THAT INSPIRE THE STUDENTS TO SEE THAT

WITH VISION, CHOICES, AND LEADERSHIP, CAN LIVE HEALTHIER LIVES. IN 2008,

ETP IN THE NORTHWEST PERFORMED FOR 33,703 CHILDREN AND ADULTS.

CONTINUING MEDICAL EDUCATION

KFH SPENT APPROXIMATELY \$5.6 MILLION TO PROVIDE CONTINUING MEDICAL

EDUCATION TO COMMUNITY PHYSICIANS AND PROVIDERS, AND PHYSICIANS

AFFILIATED WITH THE PERMANENTE MEDICAL GROUPS AND OTHER HEALTH CARE

PROVIDERS. A VARIETY OF CONTINUING EDUCATION PROGRAMS WERE OFFERED

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DURING 2008, ATTRACTING MORE THAN 108,000 COMMUNITY ATTENDEES IN
CALIFORNIA, HAWAII, OREGON AND WASHINGTON.

GRADUATE MEDICAL EDUCATION

KAISER PERMANENTE'S FIRST KFH GRADUATE MEDICAL EDUCATION (GME) PROGRAM

BEGAN NEARLY 60 YEARS AGO IN OAKLAND, CALIFORNIA. TODAY, ALL

HOSPITAL-BASED REGIONS PROVIDE TRAINING AND EDUCATION FOR MEDICAL

RESIDENTS AND INTERNS. THE NATIONALLY ACCLAIMED PROGRAM ATTRACTS SOME OF

THE TOP MEDICAL SCHOOL GRADUATES IN THE UNITED STATES AND SERVES AS A

NATIONAL MODEL BY EDUCATING THE NEXT GENERATION OF PHYSICIANS IN AN

INTEGRATED HEALTH CARE DELIVERY SYSTEM. RESIDENTS ARE OFFERED THE

OPPORTUNITY TO SERVE A LARGE, CULTURALLY DIVERSE PATIENT BASE IN A

SETTING WITH SOPHISTICATED TECHNOLOGY AND INFORMATION SYSTEMS,

ESTABLISHED CLINICAL GUIDELINES AND AN EMPHASIS ON PREVENTIVE AND PRIMARY

CARE.

KFH CONTRIBUTED \$48.5 MILLION TO EDUCATE 529 INDEPENDENT AND 648

AFFILIATED INTERNS AND RESIDENTS IN CALIFORNIA, HAWAII, OREGON, AND

WASHINGTON. THE MAJORITY OF MEDICAL RESIDENTS ARE STUDYING WITHIN THE

PRIMARY CARE MEDICINE AREAS OF FAMILY PRACTICE, INTERNAL MEDICINE,

OB/GYN, PEDIATRICS, PREVENTIVE MEDICINE, AND PSYCHIATRY.

RESIDENTS AND FELLOWS IN OREGON AND WASHINGTON RECEIVED TRAINING IN

DERMATOLOGY, ENDOCRINOLOGY, FAMILY PRACTICE, INTERNAL MEDICINE,

GERIATRICS, GENETICS, OBSTETRICS & GYNECOLOGY, OTOLARYNGOLOGY, PATHOLOGY,

PEDIATRICS, PALLIATIVE MEDICINE, PLASTIC SURGERY, AND RHEUMATOLOGY.

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NURSE PRACTITIONER AND OTHER NON-PHYSICIAN TRAINING PROGRAMS

DURING 2008, KFH SUPPORTED NEARLY 4,628 STUDENTS PURSUING A CAREER IN THE
ALLIED HEALTH CARE FIELD AND SPENT \$7.3 MILLION ON TRAINING AND EDUCATION
PROGRAMS FOR NURSE PRACTITIONERS, NURSES, RADIOLOGY AND SONOGRAPHY
TECHNICIANS, PHYSICAL THERAPISTS, POST-GRADUATE PSYCHOLOGY AND SOCIAL
WORK STUDENTS, PHARMACISTS, AND OTHER NON-PHYSICIAN HEALTH
PROFESSIONALS.

IN THE NORTHWEST, KFH PROVIDES UNCOMPENSATED ON-SITE CLINICAL TRAINING
FOR STUDENTS FROM 19 COMMUNITY INSTITUTIONS WHO ARE PURSUING CAREERS IN
THE HEALTH CARE FIELD. THE GRADUATE MEDICAL EDUCATION DEPARTMENT
PROVIDES ADMINISTRATIVE SUPPORT FOR THE NURSE PRACTITIONER, PHYSICIAN
ASSISTANT, ALLOPATHIC MEDICINE, MIDWIFERY, OPTOMETRY, PODIATRY, NURSE
ANESTHETIST AND BEHAVIORAL HEALTH PROGRAMS.

THE KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES (KPSAHS), LOCATED
IN RICHMOND, CALIFORNIA, WAS ORIGINALLY ESTABLISHED IN 1989 AS A
RADIOLOGY PROGRAM IN RESPONSE TO THE SEVERE SHORTAGE OF RADIOLOGY
TECHNOLOGISTS. DUE TO THE CONTINUED NATIONAL SHORTAGE OF MEDICAL IMAGING
AND THERAPY WORKFORCE, KPSAHS EXPANDED THE SCHOOL TO INCLUDE 18-MONTH
PROGRAMS IN SONOGRAPHY, NUCLEAR MEDICINE AND RADIATION THERAPY. IN
ADDITION, THE SCHOOL PROVIDES COURSES IN ANATOMY AND PHYSIOLOGY AND
ADVANCED/BASIC PHLEBOTOMY.

THROUGH KAISER PERMANENTE'S PHARMACIST RESIDENCY PROGRAMS IN CALIFORNIA,
LICENSED PHARMACISTS GAIN ADDITIONAL EXPERIENCE AND TRAINING IN THE
PROVISION OF PHARMACEUTICAL CARE AND ADMINISTRATIVE PHARMACY SERVICES IN

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AN INTEGRATED MANAGED CARE ORGANIZATION DURING A ONE- OR TWO-YEAR
 POSTGRADUATE EDUCATION AND TRAINING PROGRAM. THESE PROGRAMS ENABLE
 RESIDENTS TO IMPROVE THEIR CLINICAL KNOWLEDGE AND SKILLS WHILE ENHANCING
 CONTINUITY OF PATIENT CARE IN A WIDE RANGE OF AMBULATORY, INTERMEDIATE
 AND HOSPITAL SETTINGS.

THE KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM PROVIDES
 FINANCIAL ASSISTANCE FOR STUDENTS ENROLLED IN ANY CALIFORNIA NURSING
 PROGRAM TO ENCOURAGE AND SUPPORT THEM TO BECOME REGISTERED NURSES OR TO
 PURSUE ADVANCED NURSING DEGREES. SCHOLARSHIPS ARE AWARDED IN THE
 CATEGORIES OF UNDERREPRESENTED MINORITIES, ACADEMIC EXCELLENCE, NURSING
 AS A SECOND CAREER AND PURSUIT OF GRADUATE NURSING DEGREE.

GRANTS AND DONATIONS FOR KNOWLEDGE DISSEMINATION
 KFH DONATED APPROXIMATELY \$6 MILLION IN CHARITABLE CONTRIBUTIONS TO
 NONPROFIT ORGANIZATIONS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON FOR
 THE DISSEMINATION OF EVIDENCE-BASED STUDIES, WHICH INFORMED THE COMMUNITY
 ABOUT HEALTH CARE PUBLIC POLICY AND EDUCATIONAL OPPORTUNITIES FOR
 INDIVIDUALS SEEKING A CAREER AS A HEALTH CARE PROVIDER OR PROFESSIONAL.

- UCLA CENTER FOR HEALTH POLICY RESEARCH RECEIVED A GRANT TO SUPPORT
 CONTINUED IMPLEMENTATION OF AND EXPANDED DATA ELEMENTS IN THE CALIFORNIA
 HEALTH INTERVIEW SURVEY (CHIS), WHICH HAS BECOME AN ESSENTIAL DATA SOURCE
 TO SUPPORT HEALTH POLICY MAKING AND FUNDING OF HEALTH PROGRAMS IN
 CALIFORNIA.

- THE UNIVERSITY OF CALIFORNIA AT BERKELEY WAS AWARDED A GRANT FOR ITS
 BERKELEY SCHOLARS TO CAL PROGRAM, WHICH HAS AN EIGHT-YEAR COMMITMENT TO

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PROVIDE 70 AFRICAN AMERICAN AND LATINO STUDENTS WITH COMPREHENSIVE
ACADEMIC SUPPORT WHILE ATTENDING THE UNIVERSITY.

- THE REGENTS OF THE UNIVERSITY OF CALIFORNIA RECEIVED \$250,000 OF A
\$500,000 COMMITMENT FOR THE SCHOOL OF MEDICINE AT UNIVERSITY OF
CALIFORNIA, LOS ANGELES, TO PROVIDE BILINGUAL INTERNATIONAL MEDICAL
GRADUATES (IMGs) WITH A COMPREHENSIVE PROGRAM TO PASS THE US MEDICAL
LICENSING EXAMS (USMLE) AND COMPETE FOR FAMILY MEDICINE RESIDENCY PROGRAM
POSITIONS IN CALIFORNIA. THE PILOT PROGRAM PREPARES LATIN AMERICAN IMGs
FOR FAMILY MEDICINE RESIDENCY BY COACHING THEM THROUGH THE MULTI-STEP
USMLE AND GIVING THEM CLINICAL PRACTICE.

- THE OREGON HEALTH CAREER CENTER PROVIDES SECONDARY EDUCATIONAL
SCHOLARSHIPS TO HIGH SCHOOL SENIORS ENTERING A HEALTH CAREER FIELD
RECEIVED \$312,000 GRANT FROM KFH. SCHOLARSHIP RECOMMENDATIONS WILL BE
MADE BY THE SCHOOL DISTRICT TEACHERS. THE SCHOLARSHIP PROGRAM WILL HAVE
PUBLISHED GUIDELINES, APPLICATION FORM AND REQUIREMENT, AND AWARD
SELECTION CRITERIA. THE SCHOLARSHIP APPROVAL COMMITTEE WILL INCLUDE
KAISER PERMANENTE REPRESENTATIVES AND OHCC STAFF OR BOARD MEMBERS. ONE
HUNDRED AND FIFTY STUDENTS RECEIVED SCHOLARSHIPS IN 2008.

- CALIFORNIA STATE UNIVERSITY AT FULLERTON'S PHILANTHROPIC FOUNDATION
RECEIVED A \$193,000 GRANT TO PURCHASE TWO HUMAN PATIENT SIMULATORS TO
TRAIN FACULTY ON THE USE OF SIMULATION SCENARIOS AND TO TRAIN
APPROXIMATELY 50 BACCALAUREATE STUDENTS AND 30 MASTERS STUDENTS ON
SITUATIONS THAT SIMULATE PATIENT CARE EVENTS.

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KAISER FOUNDATION HOSPITALS**94-1105628****OTHER COMMUNITY BENEFITS**

IN 2008, KFH IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON SPENT APPROXIMATELY \$28 MILLION ON OTHER COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS BEYOND THE NATIONAL STREAMS OF WORK.

SELF SUFFICIENCY PROGRAMS

KFH PROVIDED COMMUNITY-BASED PROGRAMS AND SERVICES TO LOW-INCOME RESIDENTS AND STUDENTS THROUGH THE LEARNING CENTERS AND YOUTH EMPLOYMENT PROGRAMS. IN 2008, KFH SPENT \$5.5 MILLION TO SUPPORT THE FOLLOWING PROGRAMS.

- LEARNING CENTERS - THROUGH THE WATTS COUNSELING AND LEARNING CENTER (WCLC) AND EDUCATIONAL OUTREACH PROGRAM (EOP), DISADVANTAGED CHILDREN AND THEIR FAMILIES IN SOUTHERN CALIFORNIA ARE PROVIDED A VARIETY OF COUNSELING, EDUCATION, AND SOCIAL SERVICES. WCLC PROVIDES MENTAL HEALTH AND COUNSELING SERVICES, ASSISTANCE TO CHILDREN WITH LEARNING DISABILITIES, AND PRE-EMPLOYMENT TRAINING TO HIGH SCHOOL YOUTH. IT ALSO OPERATES A STATE-LICENSED PRESCHOOL PROGRAM, A SUMMER DAY CAMP, AND "KIDS CAN COPE" SUPPORT GROUPS FOR CHILDREN DEALING WITH SIBLINGS OR PARENTS FIGHTING CANCER. EOP PROVIDES EDUCATION AND SUPPORT SERVICES TO PRIMARILY LATINO YOUTH, AGES 10 TO 14, IN THE SAN GABRIEL VALLEY, EAST OF DOWNTOWN LOS ANGELES. THE FOCUS OF EOP IS TO PROVIDE DROPOUT PREVENTION PROGRAMS IN A COMMUNITY SETTING. CURRENTLY, EOP PROVIDES NINE DIFFERENT PROGRAMS BOTH IN ENGLISH AND SPANISH TO CHILDREN AND PARENTS DURING AFTER-SCHOOL HOURS AND ON SATURDAYS.

- YOUTH EMPLOYMENT PROGRAMS - KFH SUPPORTS YOUTH EMPLOYMENT PROGRAMS

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AIMED AT IMPROVING EDUCATION AND JOB SKILLS, OR PROVIDING EMPLOYMENT

OPPORTUNITIES FOR TARGETED POPULATIONS. THROUGH THE SUMMER YOUTH AND

INROADS PROGRAMS, KAISER PERMANENTE EMPLOYED A TOTAL OF 590 HIGH SCHOOL

AND COLLEGE STUDENTS IN 2008.

COMMUNITY GIVING CAMPAIGNS

IN 2008, KFHM CONTRIBUTED \$407,731 TO SUPPORT COMMUNITY GIVING CAMPAIGNS,

A PROGRAM-WIDE EFFORT THAT HAS A DIRECT IMPACT ON LOCAL COMMUNITIES.

WHILE A NUMBER OF FEDERATIONS, INCLUDING AMERICA'S CHARITIES, BLACK

UNITED FUND, EARTH SHARE AND UNITED WAY, AND THE MANY CHARITIES THEY

REPRESENT, ARE LISTED IN CAMPAIGN MATERIALS, THE CAMPAIGN ALSO SUPPORTS A

WRITE-IN OPTION, WHICH ALLOWS PARTICIPANTS TO DONATE TO THE NON-PROFIT

501(C) OF THEIR CHOICE. PARTICIPANTS CAN MAKE A DONATION USING PAYROLL

DEDUCTION OR MAKE A ONE-TIME CONTRIBUTION VIA CASH, CHECK, OR CREDIT

CARD. KAISER PERMANENTE UNDERWRITES ALL OF THE ASSOCIATED PROCESSING

COSTS FOR THE CAMPAIGN, SO 100% OF ALL PLEDGES GO DIRECTLY TO THE

ORGANIZATIONS OUR EMPLOYEES AND PHYSICIANS CHOOSE TO SUPPORT.

OTHER GRANTS AND DONATIONS

KFHM DONATED APPROXIMATELY \$6.2 MILLION TO SUPPORT OTHER NON-PROFIT

ORGANIZATIONS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON.

- THE INLAND CONGREGATION UNITED FOR CHANGE RECEIVED A \$50,000 GRANT TO

ORGANIZE AND MOBILIZE FAITH-BASED ORGANIZATIONS TO IMPROVE THE HEALTH AND

WELL-BEING OF LOW-INCOME FAMILIES IN SAN BERNARDINO COUNTY BY CONDUCTING

HEALTH CARE POLICY ADVOCACY AT SIX HEALTH CARE FORUMS FOR 500 LOW-INCOME

RESIDENTS, EDUCATING PARTICIPANTS ABOUT HEALTH CARE SERVICES AND

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INVOLVING THEM IN HEALTH CARE REFORM ACTIVITIES.

- THE COUNTY OF SANTA CLARA PARKS AND RECREATION DEPARTMENT RECEIVED \$25,000 TO SUPPORT ITS HEALTHY TRAILS PROGRAM. IT IS HOPED THAT THE "CHALLENGE" TO WALK, ROLL, RIDE, OR RUN ON FIVE OF THE TWENTY-ONE FEATURED TRAILS CONTAINED IN THE HEALTHY TRAILS GUIDEBOOK, WILL SPUR FURTHER EXPLORATION OF NATURE AND THE COUNTY'S REGIONAL PARKS, AND INSPIRE INDIVIDUALS AND FAMILIES TO LIVE A HEALTHY AND FIT LIFESTYLE.

- JOIN A CENTER FOR INVOLVEMENT RECEIVED A \$25,000 GRANT TO ALLEVIATE ISOLATION AND CREATE A COMPREHENSIVE AND ACCESSIBLE ARRAY OF SERVICES FOR HOMELESS. THE GRANT MADE SERVICES AVAILABLE FOR 2,500 PARTICIPANTS.

- HISPANAS ORGANIZED FOR POLITICAL EQUALITY (HOPE) OF CALIFORNIA RECEIVED A \$40,000 GRANT FOR THE HOPE LEADERSHIP INSTITUTE TO DEVELOP LEADERSHIP AND POLICY ADVOCACY SKILLS FOR LATINAS TO FOSTER IMPROVEMENTS IN HEALTH, EDUCATION, AND ECONOMIC DEVELOPMENT FOR UNDERSERVED COMMUNITIES STATEWIDE.

- TO CELEBRATE THEIR 50TH ANNIVERSARY IN HAWAII, KAISER FOUNDATION HEALTH PLAN AND HOSPITAL AWARDED 50 GRANTS OF \$1,000 EACH AND ONE \$50,000 AWARD. THE HAMAKUA COMMUNITY HEALTH CENTER WAS AWARDED \$50,000 TO PROVIDE MOBILE DENTAL SERVICES TO THE UNDERSERVED. EMPLOYEES NOMINATED MANY OF THE NONPROFIT ORGANIZATIONS THAT WERE SELECTED TO RECEIVE ONE OF \$1,000 GRANTS. THE GRANTS WERE AWARDED TO SERVICES FOR THE ELDERLY, HOMELESS, DISABLED AND OTHER VULNERABLE POPULATIONS.

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DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

2008 KFH COMMUNITY BENEFIT FINANCIALS

THE FOLLOWING CHART SUMMARIZES 2008 COMMUNITY BENEFIT INVESTMENTS BY KFH

FOR CALIFORNIA, HAWAII, OREGON, AND WASHINGTON. THE INVESTMENTS IN THE

COMMUNITY REFLECTED IN THE CHART ARE UNAUDITED.

REGIONAL HOSPITAL

TOTAL

CARE AND COVERAGE

CHARITABLE CARE AND COVERAGE PROGRAMS \$106,100,042

GOVERNMENT SPONSORED PROGRAMS 233,094,749

GRANTS & DONATIONS FOR CARE AND COVERAGE 4,367,674

SUBTOTAL: \$343,562,465

COMMUNITY HEALTH INITIATIVES

COMMUNITY HEALTH INITIATIVES PROGRAMS AND SERVICES \$1,701,152

GRANTS & DONATIONS FOR COMMUNITY HEALTH INITIATIVES 14,042,023

CB OPERATIONS FOR COMMUNITY HEALTH INITIATIVES 29,271

SUBTOTAL: \$15,772,446

SAFETY NET PARTNERSHIPS

GRANTS & DONATIONS FOR SAFETY NET PARTNERSHIPS \$31,762,022

SUBTOTAL: \$31,762,022

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KAISER FOUNDATION HOSPITALS**94-1105628****KNOWLEDGE DISSEMINATION****MEDICAL RESEARCH****\$24,853,599****EDUCATIONAL THEATRE PROGRAMS****8,752,315****HEALTH CARE TRAINING AND EDUCATION PROGRAMS****70,395,253****GRANTS & DONATIONS FOR KNOWLEDGE DISSEMINATION****5,691,289****SUBTOTAL:****109,692,456****OTHER COMMUNITY BENEFITS****SELF-SUFFICIENCY PROGRAMS****\$5,550,269****OTHER CB GRANTS & DONATIONS****6,242,686****CB OPERATIONS****16,211,223****SUBTOTAL:****\$28,004,178****TOTAL****\$528,793,567**

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KAISER FOUNDATION HOSPITALS**94-1105628****NAMES OF FOREIGN COUNTRY****PART V, LINE 4B****INDONESIA, IRELAND, ITALY, SOUTH KOREA, POLAND, SWITZERLAND, ISRAEL,****SOUTH AFRICA, NETHERLANDS, BRAZIL, CHINA, HONG KONG, INDIA, JAPAN,****JORDAN, MALAYSIA, MEXICO, MOROCCO, NEW ZEALAND, NORWAY, PAKISTAN, PERU,****PHILLIPINES, PORTUGAL, RUSSIA, SINGAPORE, SWEDEN, THAILAND, TURKEY,****ARGENTINA, AUSTRIA, AUSTRALIA, COLOMBIA, CHILE, CZECH REPUBLIC, DENMARK,****EGYPT, FINLAND, ATHENS AND HUNGARY**

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KAISER FOUNDATION HOSPITALS**94-1105628****REVENUE LESS EXPENSES DISCLOSURE****PAGE 1, PART I, LINE 19****CURRENT YEAR****REVENUE LESS EXPENSES****\$972,726,137****OTTI (NOTE 1)****<1,646,457,003>****UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES****<\$673,730,866>****NOTE 1:****OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR FINANCIAL****STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
KP ONCALL, LLC 91-2166347 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CALL CENTER	CA	29,992,154.	11,746,381.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
HCMS, LLC 20-3924985 ONE KAISER PLAZA, SUITE 15L	CASE MANAGEMENT	CA	N/A	RELATED	-4,016,588.	3,328,744.		X	NONE		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ARCHIMEDES, INC. 20-3774729 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	7,027,521.	5,321,764.	100.0000
KAISER PERMANENTE INTERNATIONAL 94-3245176 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	486,631.	654,284.	100.0000
KAISER PERMANENTE INSURANCE COMPANY 94-3203402 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	CA	N/A	C CORP	N/A	N/A	N/A
KAISER PROPERTIES SERVICES, INC 94-3259432 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	REAL ESTATE	CA	N/A	C CORP	N/A	N/A	N/A
OAK TREE ASSURANCE, LTD 03-0329760 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	VT	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a <input checked="" type="checkbox"/>	
b Gift, grant, or capital contribution to other organization(s)	1b <input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from other organization(s)	1c	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	1d <input checked="" type="checkbox"/>	
e Loans or loan guarantees by other organization(s)	1e <input checked="" type="checkbox"/>	
f Sale of assets to other organization(s)	1f <input checked="" type="checkbox"/>	
g Purchase of assets from other organization(s)	1g <input checked="" type="checkbox"/>	
h Exchange of assets	1h	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	1i <input checked="" type="checkbox"/>	
j Lease of facilities, equipment, or other assets from other organization(s)	1j <input checked="" type="checkbox"/>	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k <input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l <input checked="" type="checkbox"/>	
m Sharing of facilities, equipment, mailing lists, or other assets	1m <input checked="" type="checkbox"/>	
n Sharing of paid employees	1n <input checked="" type="checkbox"/>	
o Reimbursement paid to other organization for expenses	1o <input checked="" type="checkbox"/>	
p Reimbursement paid by other organization for expenses	1p <input checked="" type="checkbox"/>	
q Other transfer of cash or property to other organization(s)	1q	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	1r	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SEE SCHEDULE R-1		
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
KAISER FDN HEALTH PLAN OF COLORADO 84-0591617					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CO	501 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF GEORGIA, INC 58-1592076					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	GA	501 (C) (3)	9	N/A
KFHP OF THE MID-ATLANTIC STATES, INC 52-0954463					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	MD	510 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF THE NORTHWEST 93-0798039					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OR	501 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF OHIO 34-0922268					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OH	501 (C) (3)	9	N/A
KAISER FOUNDATION HEALTH PLAN, INC 94-1340523					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CA	501 (C) (3)	9	N/A
CAMP BOWIE SERVICE CENTER 94-3299123					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	ADMIN	CA	501 (C) (3)	11	N/A
KAISER HOSPITAL ASSET MANAGEMENT, INC 94-3299125					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	ASSET MGT	CA	501 (C) (3)	11	N/A
KAISER HEALTH PLAN ASSET MANAGEMENT, INC 94-3299124					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	ASSET MGT	CA	501 (C) (3)	11	N/A
LOKAHI ASSURANCE, LTD 91-2171891					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	RISK MGMT	HI	501 (C) (3)	11	N/A
KAISER HEALTH ALTERNATIVES 93-0954562					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OR	501 (C) (3)	9	N/A
OHP 93-0480268					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	LEASING	WA	501 (C) (3)	11	N/A
1800 HARRISON FOUNDATION 94-3317484					
ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	FINANCING	CA	501 (C) (3)	11	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

[illegible]

Part IV

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FOUNDATION HEALTH PLAN, INC	A	85,940,927.
(8) KAISER FOUNDATION HEALTH PLAN, INC	J	1,354,567.
(9) KAISER FOUNDATION HEALTH PLAN, INC	K	5,234,780,061.
(10) KAISER FOUNDATION HEALTH PLAN, INC	L	4,322,303,096.
(11) KAISER FOUNDATION HEALTH PLAN, INC	M	103,186.
(12) KAISER FOUNDATION HEALTH PLAN, INC	N	914,650,144.
(13) KAISER FOUNDATION HEALTH PLAN, INC	O	2,272,190,741.
(14) KAISER FOUNDATION HEALTH PLAN, INC	P	46,055,425,304.
(15) KAISER FDN HEALTH PLAN OF COLORADO	A	5,656,863.
(16) KAISER FDN HEALTH PLAN OF COLORADO	K	1,375,098.
(17) KAISER FDN HEALTH PLAN OF COLORADO	L	1,020,404,235.
(18) KAISER FDN HEALTH PLAN OF COLORADO	M	37,553.
(19) KAISER FDN HEALTH PLAN OF COLORADO	P	10,644.
(20) KAISER FDN HEALTH PLAN OF GEORGIA, INC	B	67,255.
(21) KAISER FDN HEALTH PLAN OF GEORGIA, INC	K	209,334,502.
(22) KAISER FDN HEALTH PLAN OF GEORGIA, INC	L	1,521,253.
(23) KAISER FDN HEALTH PLAN OF GEORGIA, INC	M	23,618.
(24) KAISER FDN HEALTH PLAN OF GEORGIA, INC	O	2,922,847.

Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FDN HEALTH PLAN OF GEORGIA, INC	P	117,727,583.
(8) KAISER HOSPITAL ASSET MANAGEMENT, INC	F	1,524,467.
(9) KAISER HOSPITAL ASSET MANAGEMENT, INC	G	4,039,590.
(10) KAISER HOSPITAL ASSET MANAGEMENT, INC	J	151,684,786.
(11) KAISER HOSPITAL ASSET MANAGEMENT, INC	P	167,274,226.
(12) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	P	13,468,916.
(13) KFHP OF THE MID-ATLANTIC STATES, INC	A	1,294,213.
(14) KFHP OF THE MID-ATLANTIC STATES, INC	K	193,389,547.
(15) KFHP OF THE MID-ATLANTIC STATES, INC	L	2,083,755.
(16) KFHP OF THE MID-ATLANTIC STATES, INC	M	24,041.
(17) KFHP OF THE MID-ATLANTIC STATES, INC	P	92,824.
(18) KAISER FDN HEALTH PLAN OF THE NORTHWEST	A	274,720.
(19) KAISER FDN HEALTH PLAN OF THE NORTHWEST	D	1,822,208,093.
(20) KAISER FDN HEALTH PLAN OF THE NORTHWEST	E	2,161,104,753.
(21) KAISER FDN HEALTH PLAN OF THE NORTHWEST	K	565,398,856.
(22) KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	3,054,685.
(23) KAISER FDN HEALTH PLAN OF THE NORTHWEST	M	1,256,050.
(24) KAISER FDN HEALTH PLAN OF THE NORTHWEST	O	436,933,070.

Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	146,246,662.
(8) KAISER FOUNDATION HEALTH PLAN OF OHIO	K	97,096.
(9) KAISER FOUNDATION HEALTH PLAN OF OHIO	L	787,985.
(10) KAISER FOUNDATION HEALTH PLAN OF OHIO	M	507.
(11) KAISER FOUNDATION HEALTH PLAN OF OHIO	O	69,634,165.
(12) KAISER FOUNDATION HEALTH PLAN OF OHIO	P	228,665,255.
(13) KAISER PERMANENTE INTERNATIONAL	P	305,921.
(14) ARCHIMEDES, INC	P	122,206.
(15) HEALTH CARE MANAGEMENT SOLUTIONS, LLC	I	164,839.
(16) HEALTH CARE MANGEMENT SOLUTIONS, LLC	P	789,744.
(17) CAMP BOWIE SERVICE CENTER	K	88,765.
(18) CAMP BOWIE SERVICE CENTER	O	4,142,564.
(19) CAMP BOWIE SERVICE CENTER	P	3,802.
(20) LOKAHI ASSURANCE, LTD	K	2,647,921.
(21) LOKAHI ASSURANCE, LTD	L	4,725,807.
(22) LOKAHI ASSURANCE, LTD	P	9,448,166.
(23) KP ONCALL, LLC	O	30,352,411.
(24) KP ONCALL, LLC	P	29,687,906.

Schedule R-1 (Form 990) 2008

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

PROVIDES HOSPITAL AND MEDICAL CARE AND TRAINING

KAISER FOUNDATION HOSPITALS PROVIDES HOSPITAL, MEDICAL AND SURGICAL CARE, INCLUDING EMERGENCY SERVICES, EXTENDED CARE AND HOME HEALTH CARE WITHOUT REGARDS TO AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN OR THE ABILITY TO PAY. KAISER FOUNDATION HOSPITALS EDUCATES AND TRAINS MEDICAL STUDENTS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AND PROMOTES SCIENTIFIC RESEARCH AND MEDICAL AND NURSING EDUCATION IN ORDER TO IMPROVE CARE FOR OUR MEMBERS AND OUR COMMUNITY. KAISER FOUNDATION HOSPITALS DIRECTLY INVESTS IN IMPROVEMENTS IN COMMUNITY HEALTH BY WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE IMPROVEMENTS, ALTERING THE SOCIAL DETERMINANTS OF HEALTH AND EDUCATING TO IMPROVE HEALTH. ADDITIONAL INFORMATION ABOUT KAISER FOUNDATION HOSPITALS CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O.

4B PROGRAM SERVICE

CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE COVERAGE)

KAISER FOUNDATION HOSPITAL (KFH) PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE PATIENTS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS. MFA - KFH OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS THAT ARE UNABLE TO PAY FOR ALL OR PART OF THE COST OF URGENT OR EMERGENT CARE PROVIDED IN KAISER PERMANENTE FACILITY. IN 2008, THIS PROGRAM ASSISTED MORE THAN 26,600 APPLICANTS, PROVIDING MORE THAN 58,000 IN-PATIENT DAYS OF CARE. CHC - THESE PROGRAMS ARE AVAILABLE TO LOW INCOME ADULTS AND CHILDREN WHO ARE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE. MORE THAN 93,000 PATIENTS RECEIVED COMPREHENSIVE CARE FOR UP TO FOUR YEARS THROUGH THIS PROGRAM.

ADDITIONAL INFORMATION ABOUT KFH'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O.

4C PROGRAM SERVICE

MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS

FORM 990, PART III - PROGRAM SERVICES
=====

KFH IS COMMITTED TO IMPROVING THE WAY MEDICAID BENEFICIARIES RECEIVE CARE, NOT ONLY IN OUR FACILITIES, BUT ALSO IN THE COMMUNITIES WE SERVE. IN 2008, KFH PARTICIPATED IN A NUMBER OF GOVERNMENT PROGRAMS. MEDICAID MANAGED CARE - PROVIDING COMPREHENSIVE CARE FOR MORE THAN 159,000 MANAGED CARE MEMBERS; MEDICAID FEE FOR SERVICE - PROVIDING CARE TO MORE THAN 53,000 PATIENTS AND THE STATE CHILDREN'S HEALTH INITIATIVE - PROVIDING COMPREHENSIVE HEALTH CARE, TO MORE THAN 133,000 MEMBERS.

ADDITIONAL INFORMATION ABOUT KFH'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES
=====DESCRIPTION
-----GRANTS
-----EXPENSES
-----REVENUE

SEE SCHEDULE O

NONE

63,370,136.

58,157,294.

TOTALS

NONE

63,370,136.

58,157,294.
=====

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

HARBINSON, MAHONY & HIGGINS, INC
15 BUSINESS PARK WAY
SACRAMENTO, CA 95828

CONSTRUCTION SERVICE 105,695,573.

MCCARTHY BUILDING COMPANIES, INC
9301 B IMPERIAL HIGHWAY
DOWNEY, CA 90242

CONSTRUCTION SERVICE 118,431,080.

PROVIDENCE ST VINCENT HOSP & MED CENTER
9205 SW BARNES RD
PORTLAND, OR 97225

HEALTHCARE SERVICES 81,902,544.

WHITING TURNER CONTRACTING CO
3 CORPORATE PARK
IRVINE, CA 92606

CONSTRUCTION SERVICE 76,036,369.

RUDOLPH & SLETTEN, INC
1504 EUREKA RD, SUITE 200
ROSEVILLE, CA 95661

CONSTRUCTION SERVICE 72,864,656.

TOTAL COMPENSATION

454,930,222.
=====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDEND INCOME	119,219,552.			119,219,552.
TOTALS	119,219,552.			119,219,552.

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====

BORROWER:	KAISER FOUNDATION HEALTH PLAN OF GEORGIA
ORIGINAL AMOUNT:	8,000,000.
INTEREST RATE:	7.650000
DATE OF NOTE:	09/01/2007
REPAYMENT TERMS:	UPON APPROVAL OF GEORGIA COMMISSIONER OF INSURANCE
SECURITY PROVIDED:	NONE
PURPOSE OF LOAN:	TO PROVIDE CAPITAL FOR GENERAL CORPORATE PURPOSES

BEGINNING BALANCE DUE	8,159,800.
ENDING BALANCE DUE	8,782,000.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	8,159,800.
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TOTAL ENDING NOTES AND LOANS RECEIVABLES	8,782,000.
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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
PUBLICLY TRADED SECURITIES	7,006,936,958. -----	4,978,951,920. -----	FMV
TOTALS	7,006,936,958. =====	4,978,951,920. =====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: LOKAHI ASSURANCE, LTD.
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: PAYABLE ON DEMAND
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: VARIOUS

BEGINNING BALANCE DUE	881,569,654.
ENDING BALANCE DUE	868,693,014.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	881,569,654.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	868,693,014.
	=====

SCHEDULE D, PART X - OTHER LIABILITIES

=====

DESCRIPTION

BOOK VALUE

DUE TO RELATED ENTITIES	1,405,402,775.
RESERVE FOR UNCLAIMED PROPERTY	1,476,508.
RESERVE FOR WORKERS COMP RISKS	315,722,800.
RESERVE FOR PROF/PUBLIC LIAB	97,187,431.
RESERVE FOR SELF-INS RISK AUTO	70,000.
RESERVE FOR MEDICARE	7,447,590.
RESERVE FOR RESTRUCTURING CHGS	9,139,749.
CURRENT INSTL LT DEBT	77,435.
POST RETIREMENT LIABILITIES	3,194,097,393.
OTHER LIABILITIES	342,946,715.
OTHER CURRENT LIABILITIES	59,531,814.

TOTALS

5,433,100,210.
=====